

# ***CFRS***

**COST & FINANCIAL REPORTING  
SYSTEM**

**FISCAL YEAR 2009-2010**



## **INSTRUCTION MANUAL**

**Local Program Financial Support**

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Manual Order Number:

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

August 2010, Department of Mental Health, State of California

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## GENERAL CONTACT INFORMATION

### By Mail:

Department of Mental Health  
Local Program Financial Support  
1600 9th St., Room 120  
Sacramento, CA 95814

### By Telephone or FAX:

916.654.2314 – Cost Report Contact Desk  
916.653.9269 – Cost Report FAX  
916.654.3117 – IT Help Desk

## SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk at 916.654.2314, or send an email to: [cfrs\\_help@dmh.ca.gov](mailto:cfrs_help@dmh.ca.gov).

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

## WEBSITE

The Department of Mental Health, Information Technology Web Services Internet site can be located at <https://mhitws.cahwnet.gov>.

If you are having problems with the website and need technical assistance please go to <https://mhitws.cahwnet.gov/docs/public/contact.asp>. This is the direct link to the Contact ITWS section. Users do not need to be logged into ITWS to see contact names, phone numbers and email addresses.

## FEEDBACK

If you have any questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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## Getting Started

### INTRODUCTION

The Fiscal Year (FY) 2009-2010 Cost Reports and reporting process are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the legal entity cost report forms. The formulas in the cost report forms are “locked and protected” to enable a smoother process for editing and conducting the year-end settlement process for each local mental health agency. This also ensures the ability to create a uniform statewide database. Listed below are the highlights regarding the cost report spreadsheets and cost reporting procedures.

The cost report spreadsheets for this year remain an Excel based spreadsheet application.

There will be two sets of Cost Report spreadsheet automations:

#### 1. A Detail Cost Report:

- To be completed by all legal entities (county or contract). Services provided can be either Medi-Cal or non-Medi-Cal.

#### 2. A Summary Cost Report:

- To be completed by each County or Mental Health Plan (MHP).
- The summary cost report is used to complete certain county only forms.
- Summarizes each County or MHP total mental health activities for the fiscal year.

The Cost Report automated spreadsheets are available from the Department of Mental Health (DMH) website, at <https://mhitws.cahwnet.gov>.

Cost report submission for FY 2009-2010 involves both electronic and hard copies. The electronic submission process involves **uploading** the cost report through the Department's Information Technology Web Services (ITWS). The hard copy submission requires one copy of the cost report (summary and county detail only) and an original signed MH1940 certification package **mailed** to DMH, by December 31 following the end of the fiscal year.

Please mail to:

Department of Mental Health  
Local Program Financial Support  
1600 9th Street, Room 120  
Sacramento, CA 95814

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## Summary of Changes

### SUMMARY OF CHANGES MADE TO FY 2009-2010

Technical changes, updates, and clarifications have been made to this instruction manual. The following is a summary of the major changes made to the Cost Report for the FY 2009-2010:

#### 1. MH 1900 Info – Information Sheet

- **Contract Provider SD/MC Enhanced Children Direct Service Gross Reimbursement** – Additional lines have been added for county legal entities to report contract provider direct service gross reimbursement for SD/MC units of service provided to Medicaid Children's Health Insurance Program (MCHIP) beneficiaries.

#### 2. MH 1901 Schedule A – Schedule of Statewide Maximum Allowances and Published Charges

- **Column D – State Approved (NR)** – Column D has been removed from Schedule A. The Department of Mental Health eliminated State approved negotiated rates, effective January 1, 2009.

#### 3. MH 1901 Schedule B – Worksheet for Units of Service and Revenue by Mode and Service Function

- **Columns P & Q – Units (BCCTP)** – Columns P & Q have been added to allow legal entities to report SD/MC units of service provided to breast and cervical cancer treatment and prevention (BCCTP) beneficiaries. SD/MC units of service provided to BCCTP beneficiaries are reimbursed at 65%
- **Column R – 3<sup>rd</sup> Party Revenue (BCCTP)** – Column R has been added to allow legal entities to report 3<sup>rd</sup> party revenue collected for SD/MC units of service provided to breast and cervical cancer treatment and prevention (BCCTP) beneficiaries.

#### 4. MH 1960 – Calculation of Program Costs

- **Line 10 – MCHIP Administration** – Line 10 has been added to form MH 1960 to allow county legal entities to separately report administrative costs for the Medicaid Children's Health Insurance Program from other SD/MC administrative costs.

#### 5. MH 1963 – Payments to Contract Providers

- **Column E – Medi-Cal Payments** – Column D has been added to form MH 1963 to allow county legal entities to report payments made to contract providers for the deliver of Medi-Cal reimbursable services.

#### 6. MH 1966 – Allocation of Costs to Service Functions – Mode Total

- **Line 7 – Negotiated Rate Per Unit** – Line 7 has been removed from the form MH 1966 to conform with changes made to Schedule A.
- **Lines 10 and 10A – Breast and Cervical Cancer Treatment & Prevention** – Line 10 and 10A have been added to capture the legal entity's units of service by service function provided to breast and cervical cancer treatment and prevention beneficiaries.

- **Lines 25 & 25A – BCCTP Costs** – Lines 25 & 25A have been added to form MH 1966 to calculate the legal entity's total costs to provide each service function to breast and cervical cancer treatment and prevention beneficiaries.
  - **Lines 26 & 26A – BCCTP SMA Upper Limits** – Lines 26 & 26A have been added to form MH 1966 to calculate the legal entities SMA upper limit for each service function provided to breast and cervical cancer treatment and prevention beneficiaries.
  - **Lines 27 & 27A – BCCTP Published Charge** – Lines 27 & 27A have been added to form MH 1966 to calculate the legal entity's published charge for providing each service function to breast and cervical cancer treatment and prevention beneficiaries.
- 7. MH 1968 – Determination of SD/MC Direct Services and MAA Reimbursement**
- **Lines 14 & 14A – Enhanced SD/MC BCCTP Costs** – Lines 14 & 14A have been added to capture total costs by mode of service from lines 25 and 25A, column A of the appropriate form MH 1966.
  - **Line 15 & 15A – Enhanced SD/MC BCCTP SMA** – Lines 15 & 15A have been added to capture the SMA upper limit by mode of from lines 26 and 26A, Column A of the appropriate form MH 1966.
  - **Lines 16 & 16A – Enhanced SD/MC BCCTP Published Charge** – Lines 16 & 16A have been added to capture total published charge from lines 27 and 27A, Column A of the appropriate form MH 1966.
  - **Lines 17 & 17A – Enhanced SD/MC BCCTP Gross Reimbursement** – Lines 17 & 17A have been added to perform the lower of cost or charges determination for SD/MC services provided to breast and cervical cancer treatment and prevention beneficiaries.
- 8. MH 1979 – SD/MC Preliminary Desk Settlement**
- **Lines 22 & 22A – Enhanced SD/MC Net Reimbursement (BCCTP)** – Lines 22 & 22A have been added to calculate the federal financial participation due to the mental health plan as reimbursement for costs incurred to provide SD/MC specialty mental health services to breast and cervical cancer treatment and prevention beneficiaries.

## Cost Report Instructions

All legal entities that furnish local community mental health services (Medi-Cal and non-Medi-Cal) are required to complete a California Department of Mental Health (DMH) Cost Report. Each county's designated local mental health agency is required to submit one hard copy of the cost report (summary and county detail only) and an original signed MH1940 certification to DMH.

The objectives of the DMH Cost Report are to:

- Compute the cost per unit for each Service Function (SF);
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation (FFP)) for each legal entity;
- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews, and subsequent Short-Doyle/Medi-Cal (SD/MC) fiscal audit; and
- Serve as the source for County Mental Health fiscal year-end cost information.

This is accomplished by determining the allowable SD/MC costs and allocating these costs, between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service), including Medi-Cal Administrative Activities (MAA). Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), and DMH. Legal entities must have an approved MAA plan with DMH in order to participate in MAA. MAA costs reported in the cost report must be based on actual staff time captured at the service function level.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the service function level. In FY 2009-2010, units of service will continue to be reported according to the period of time during which services were provided. During FY 2009-2010, the federal/state sharing ratio is as follows:

**Regular SD/MC:****First Quarter (July 1, 2009 through September 30, 2009)**

The Federal Medical Assistance Percentage (FMAP) for regular Medi-Cal reimbursable mental health treatment services is 61.59 percent.

**Balance of the Fiscal Year (October 1, 2009 through June 30, 2010)**

The FMAP for regular Medi-Cal reimbursable mental health treatment services is 61.59 percent.

**Enhanced SD/MC (Children), Enhanced SD/MC (BCCTP) and Healthy Families:****First Quarter (July 1, 2009 through September 30, 2009)**

The FMAP for enhanced SD/MC (Children), enhanced SD/MC (BCCTP) Medi-Cal and Healthy Families services is 65 percent.

**Balance of the Fiscal Year (October 1, 2009 through June 30, 2010)**

The FMAP for enhanced SD/MC (Children), enhanced SD/MC (BCCTP) Medi-Cal and Healthy Families services is 65 percent.

**Enhanced SD/MC (Refugees)****All Quarters (July 1, 2009 – June 30, 2010)**

The FMAP for enhanced SD/MC (Refugees) is 100 percent for the entire year.

**SD/MC Administration, Quality Assurance/Utilization Review and MAA**

Expenditures for Skilled Professional Medical Personnel (SPMP) who perform quality assurance/utilization review or Med-Cal Administrative Activities (MAA) are reimbursed Federal Financial Participation (FFP) at a rate of 75 percent. Expenditures for non-SPMP staff who perform quality assurance/utilization review and MAA are reimbursed FFP at a rate of 50 percent.

Expenditures for Medicaid Children's Health Insurance Program (MCHIP) administration and other SD/MC administration are reimbursed FFP at a rate of 50%. Expenditures for Health Families administration are reimbursed FFP at a rate of 65 percent.

After units of service are identified as described above, SD/MC service function costs are aggregated into inpatient and outpatient costs. Aggregate direct service SD/MC costs (including regular SD/MC, Medicare/Medi-Cal crossover, Enhanced SD/MC for children, BCCTP and refugees) for inpatient and outpatient services for each legal entity are compared with aggregate Medi-Cal published charges and aggregate Schedule of Maximum Allowance (SMA) reimbursement amounts. Federal reimbursement for SD/MC services is based on the lowest of these three amounts: actual cost, published charge, or SMA.



After units of services are identified as described above, Healthy Families service function costs are aggregated into inpatient and outpatient costs. Aggregate direct service Healthy Families costs for inpatient and outpatient services for each legal entity are compared with aggregated Healthy Families published charges and aggregate SMA reimbursement amounts. Federal reimbursement for Healthy Families services is based on the lowest of these three amounts: actual cost, published charge, or SMA.

The cost report also calculates Federal reimbursement of expenditures for MCHIP administration, other SD/MC administration, Healthy Families administration, SD/MC utilization review activities, and MAA. Federal reimbursement of expenditures for MCHIP and other SD/MC administration for county legal entities<sup>1</sup> is limited to 15 percent of the MCHIP and other SD/MC direct service reimbursement for all legal entities in the county. Federal reimbursement of expenditures for Healthy Families administration for county legal entities is limited to 10 percent of Healthy Families direct service reimbursement for all legal entities in the county.

Contract providers that provide services to multiple counties have the option to complete the cost report using the Total Gross Costs or the Net Cost method. When using the Total Gross Costs method, the contractor reports, on the MH 1960, its total expenditures for providing mental health service on behalf of all counties with which it contracts. The total expenditures for direct services flow from the MH 1960 to line 1 of the MH 1992. The contractor must enter an adjustment to its gross costs on line 2 of the MH 1992 so that its adjusted gross costs on line 3 is equal to costs incurred to provide services under contract with the cost reporting county. The Net Cost method allows the contractor to report only the costs and activities of the legal entity that are associated with the cost reporting county. Either method will produce the same result. Each county may select the method that its contractors must use.

Use the following procedures to complete the Department of Mental Health Cost Report.

---

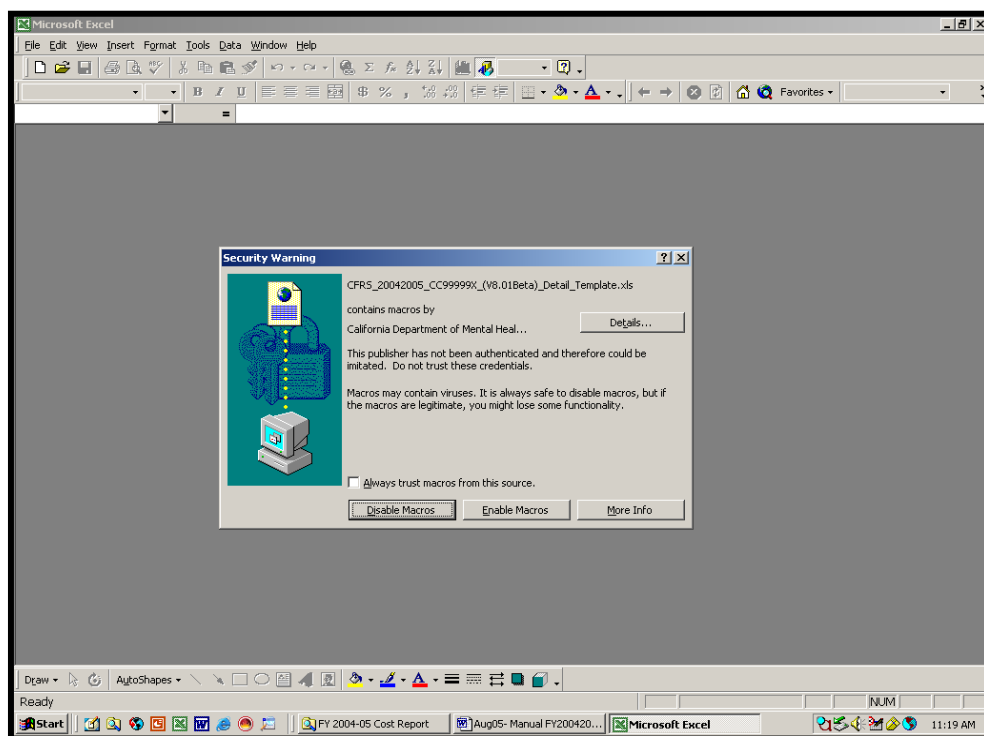
<sup>1</sup> Throughout these instructions, county legal entities are defined as legal entities staffed and operated by county government employees.

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## Opening the Workbook

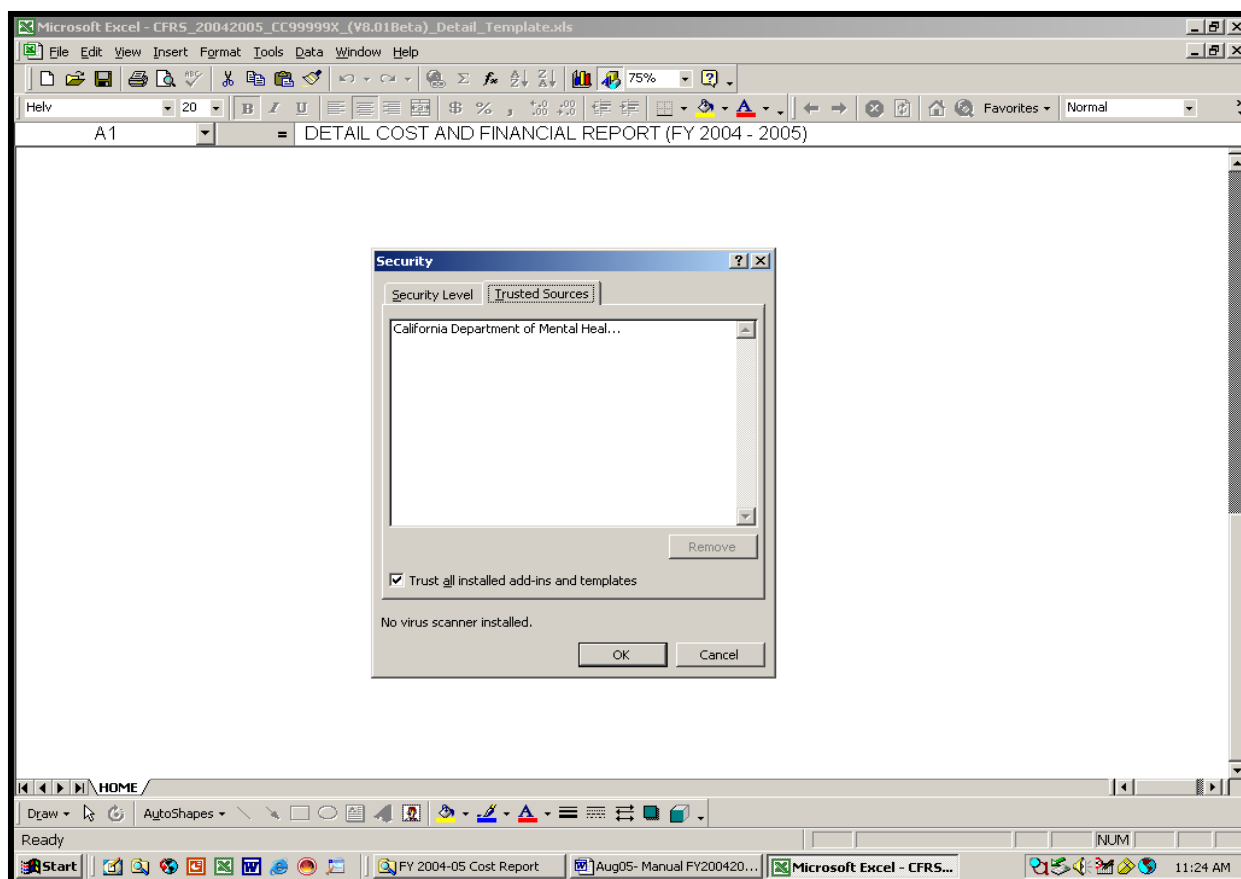
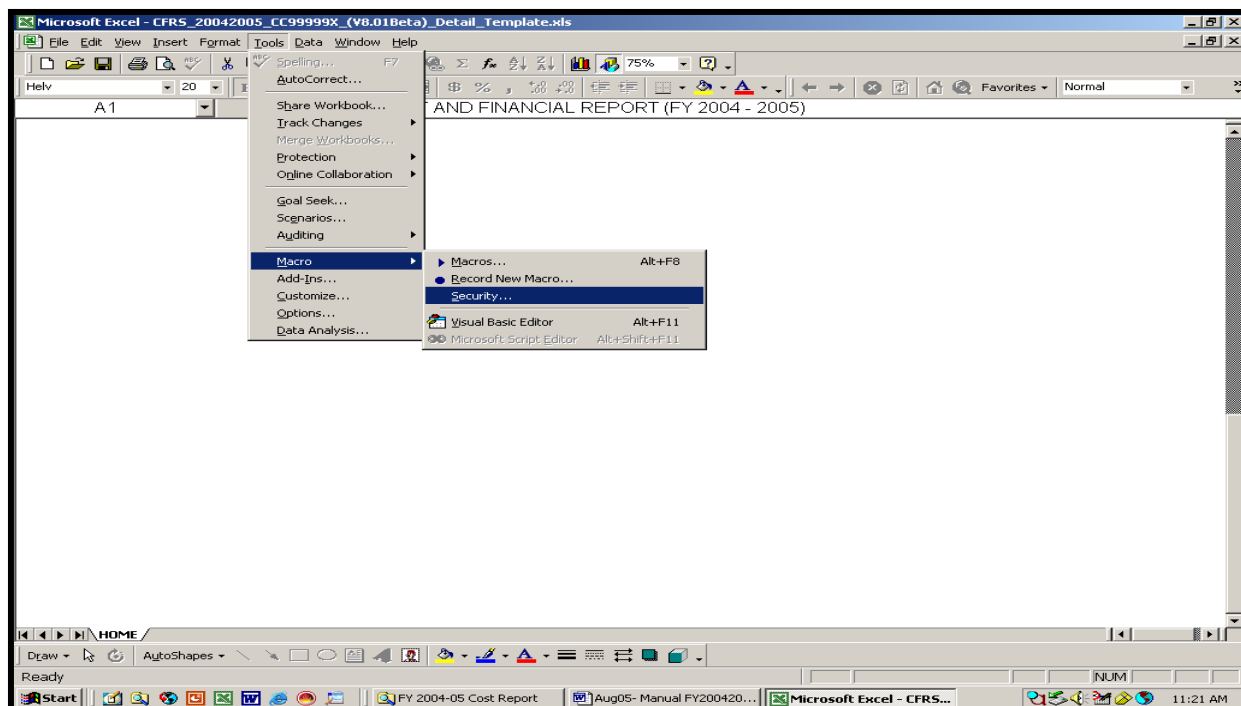
### Enable the Macros

The Cost Report is an Excel based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check “Always trust macros from this source”** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked “Always trust macros from this source” you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on Department of Mental Health...and click on **REMOVE** to restore the window.

**Please note the above form reflects FY 2004-2005.**



REMOVE to restore “Always trust macros from source” Dialog Box window.

Please note the above forms reflect FY 2004-2005.

## HOME

### Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here, you may continue to complete the cost report, or use some of the other options of the cost report.

If you wish to continue to complete the cost report, simply “click” on the button for MEDI-CAL or NON-MEDI-CAL, depending upon type of cost report that you are trying to complete.

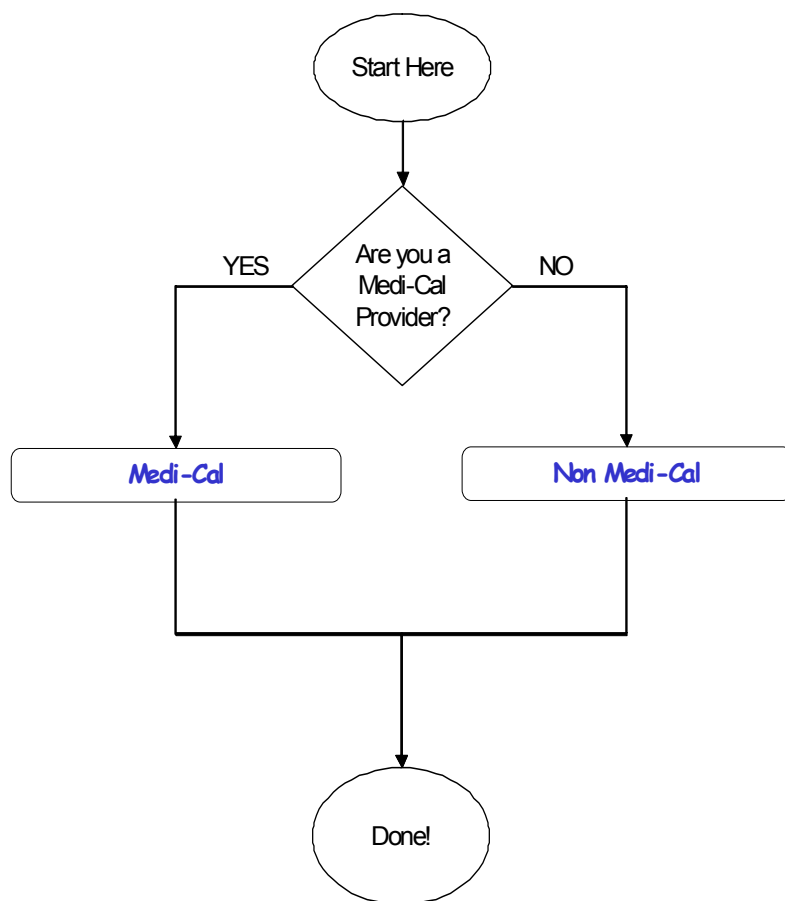
Subsequently, you will be shown a series of “flowcharts” from your chosen action.

**NOTE:** The **OPTIONS** box, at the bottom of the HOME Page Sheet, allows you to do the following:

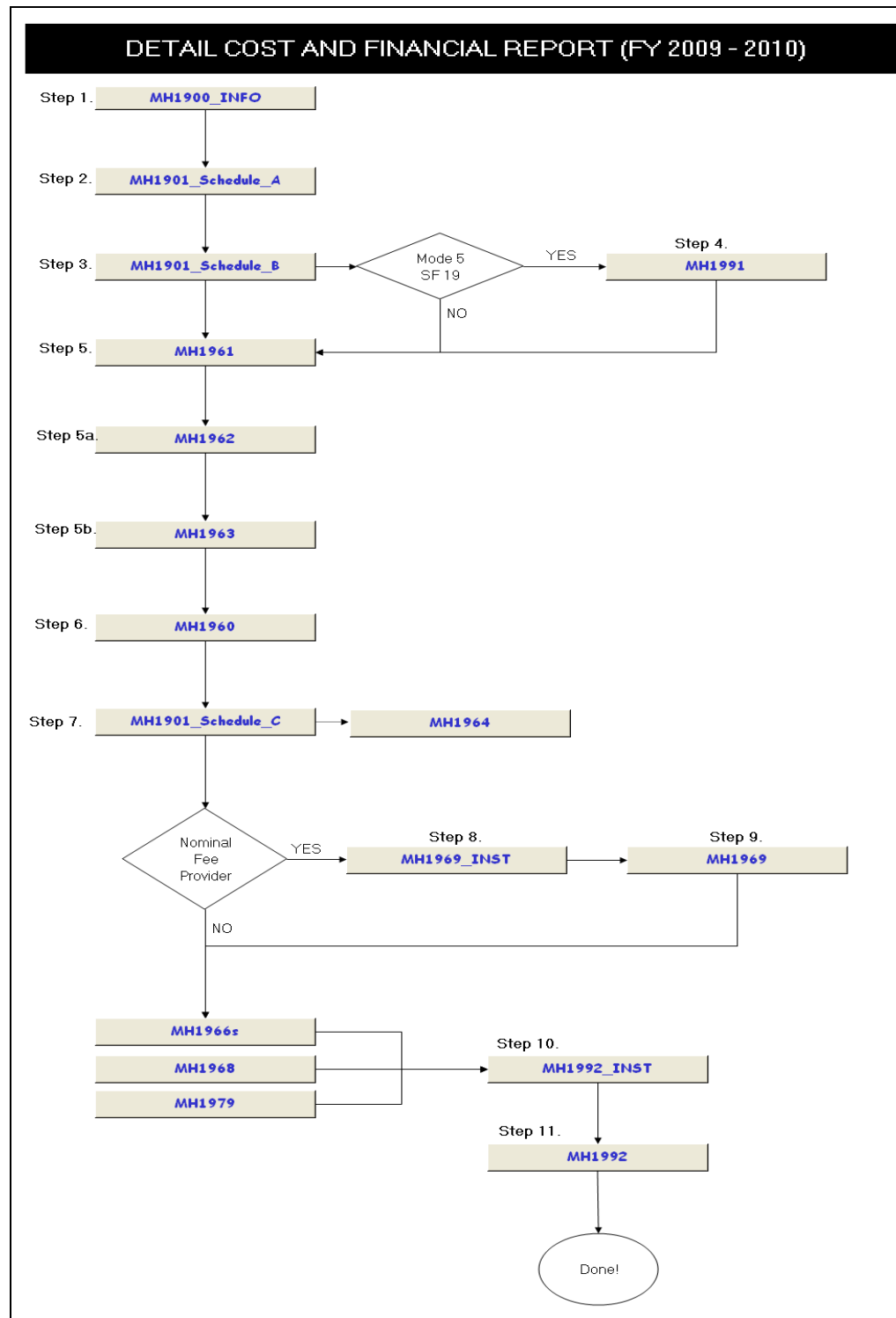
#### Options Described:

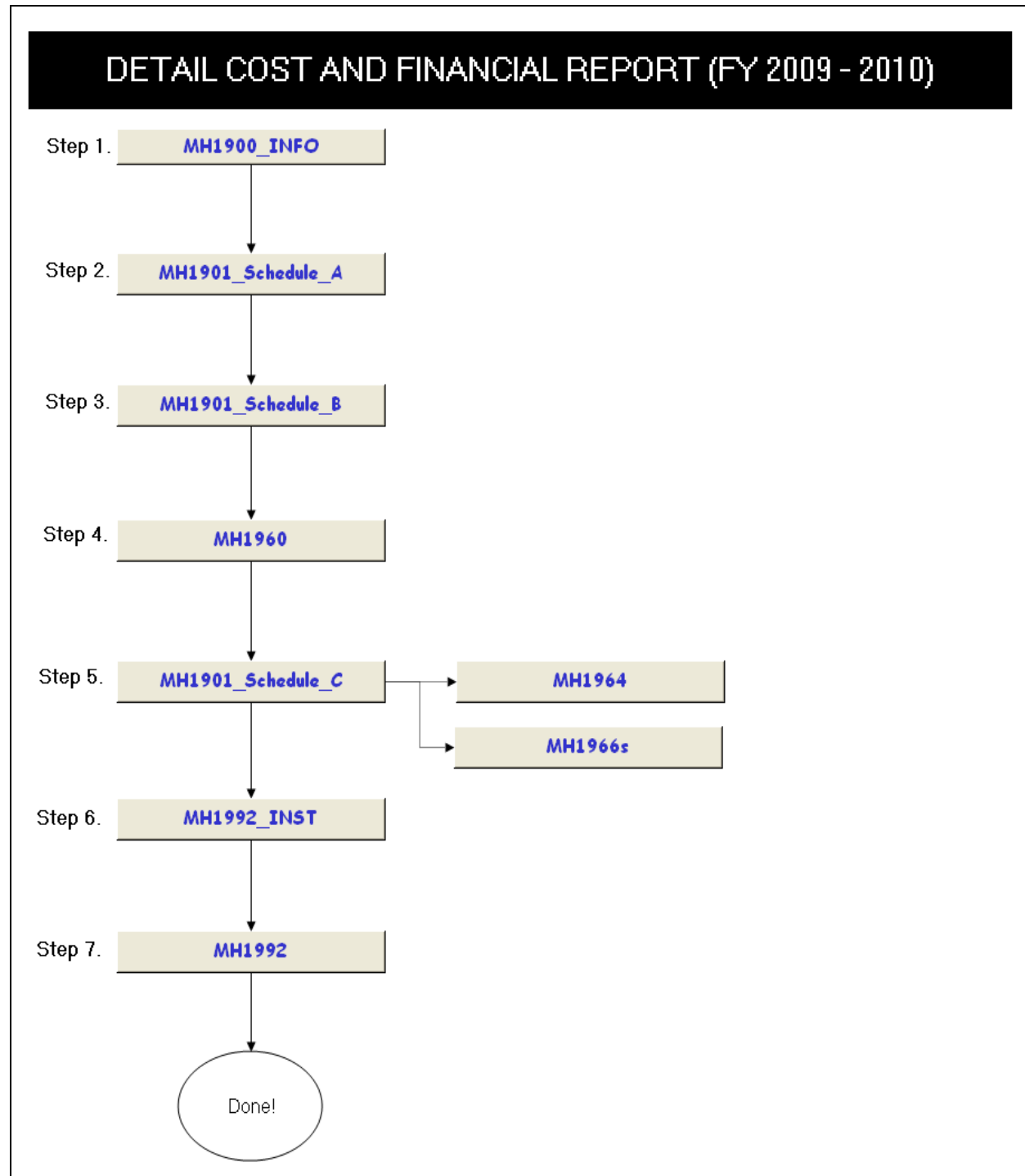
Hide All Forms	Shows only the Home page.
Show MH Forms	Shows all the Cost Report worksheets.
Clear Forms	Reset all data values in forms to zeros or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicators, such as A, B, C, and 1, 2, 3, etc. Useful if only wanting to see FORM Row and Column indicators and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you to print selected schedules or forms of the cost report.

## DETAIL COST AND FINANCIAL REPORT (FY 2009 - 2010)



Other Options		
Hide All Forms	Turn On/Off Heading	Import From Cost Report
Show MH Forms	Turn On/Off Grid	Import From Text
Clear MH Forms	DWH Only	Export to Text
Disclosures	MH1960 Support	
<b>PrintForm(s)</b>		

**MEDI-CAL****Flowchart Path if Medi-Cal Cost Report**

**Non-MEDI-CAL****Flowchart Path if Non-Medi-Cal Cost Report**



## Detail Forms for ALL Legal Entities

This section details the following forms and their requirements for ALL Legal Entities. This includes county and contract legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Statewide Maximum Allowances and Published Charges
MH 1901 Schedule B	Worksheet for Units of Service and Revenues by Mode and Service Function
MH 1901 Schedule C	Supporting Documentation for the Method Used to Allocate Totals to Mode of Service and Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources

**MH 1900****Information Worksheet**

The Information Worksheet is the starting point for completing the automated SD/MC Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, legal entity name and number on cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into two sections. Section I should be completed by "All Legal Entities" and Section II should be completed by "County Legal Entities only."

**Section I: All Legal Entities**

Legal entities that provided SD/MC units of service during the reporting period should select the "Y" option to the question, "Are you reporting SD/MC?" Select option "N" if you are not reporting SD/MC units of service.

**Section II: County Legal Entity Only**

Each county legal entity is required to respond to the question whether its population is more or less than 125,000. If the county's population is more than 125,000, select option "Y". Select option "N" if the county's population is less than or equal to 125,000.

County legal entities should report "Contract Provider Medi-Cal Direct Service Gross Reimbursement". The amounts reported here are used to populate MH 1979, Line 2, Columns B and C, which are used to determine the Medi-Cal Administrative Reimbursement Limit.

**NOTE:** The reported amount is the sum of MH 1968, Lines 20, 20A and 21, Columns E & K less the sum of MH 1968, Lines 13 and 13A, Columns E and K for all Contract Providers that reported Medi-Cal units on the MH 1901 Schedule B (Refer to MH 1979, Line 2 for details).

County legal entities should report "Contract Provider Enhanced (Children) Direct Service Gross Reimbursement." The amounts reported here are used to populate MH 1979, Line 14, Columns B and C, which are used to determine the Enhanced (Children) administrative reimbursement limit.

**NOTE:** The reported amount is the sum of MH 1968, Lines 13 and 13A, Columns E & K for all non-county legal entities that reported Enhanced SD/MC (Children) units on the MH 1901 Schedule B (Refer to MH 1979, Line 14 for details).

County legal entities should report "Contract Provider Healthy Families Direct Service Gross Reimbursement". The amounts reported here are used to populate MH 1979, Line 8,

Columns B and C, which are used to determine the Healthy Families Administrative Reimbursement Limit.

**NOTE:** The reported amount is the sum of MH 1968, Lines 27 and 27A, Columns E & K for all Contract Providers that reported Healthy Families units on MH 1901 Schedule B (Refer to MH 1979, Line 8 for details).

In addition, county legal entities are required to enter the provider numbers for Fee-For-Service Mental Health Specialty individual and group providers.

County legal entities may make adjustments to Medi-Cal FFP due to contract limitations, which will automatically populate MH 1979, Line 22, Column J.

State of California Health and Human Services Agency	Department of Mental Health
DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 7/07)	
FISCAL YEAR 2009 - 2010	
<b>SECTION I: ALL LEGAL ENTITIES:</b>	
<i>All Legal Entities are to complete Section I.</i>	
Name of Preparer:	
Date:	
Legal Entity Name:	
Legal Entity Number:	
County:	
County Code:	
Is this a County Legal Entity Report? (Y or N)	Yes <input type="button" value="v"/>
Are you reporting SD/MC? (Y or N)	Yes <input type="button" value="v"/>
<a href="#">HOME</a>	<a href="#">MH1901_Schedule_A &gt;&gt;</a>
<b>SECTION II: COUNTY LEGAL ENTITY ONLY:</b>	
<i>Only County Legal Entities are to Complete Section II.</i>	
Address:	
Phone Number:	
County Population: Over 125,000? (Y or N)	Yes <input type="button" value="v"/>
<i>Contract Provider Other Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)</i>	
Inpatient Services	
Outpatient Services	
<i>Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement (Used to populate MH1979 Line 11A)</i>	
Inpatient Services	
Outpatient Services	
<i>Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7A)</i>	
Inpatient Services	
Outpatient Services	
Total State Share of SD/MC Cost: #VALUE!	
<i>Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group</i>	
Mode&SF -->	
Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	
<i>Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)</i>	
Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -
<a href="#">HOME</a>	<a href="#">MH1901_Schedule_A &gt;&gt;</a>

## ***MH 1901 Schedule A***

### ***Statewide Maximum Allowances, Negotiated Rates and Published Charge***

MH 1901 Schedule A requires information on Published Charges (PC) for all authorized services. The form layout is by Mode and Service Function (SF) and includes the FY 2009-2010 SD/MC Schedule of Maximum Allowances (SMA). While the SMA rates are provided, each legal entity must input the PC data for all authorized services. This form serves as a “source document” that will enable the SMA and PC rates to be cell referenced to other applicable MH forms.

#### **Column D – Published Charge (PC)**

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge prevalent in the public mental health sector that is used to bill the general public, insurers, or other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate supporting schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service). The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

#### **Column D, Rows 31-35 – Medi-Cal Eligibility Factor**

Please enter the Medi-Cal Eligibility Factor for each quarter of the fiscal year if the legal entity participated in the Medi-Cal Administrative Activities (MAA) claiming process. A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH.

#### **Column E, County Non-Medi-Cal Contract Rate**

Enter the non-Medi-Cal contract rates agreed to between the county and its service provider for Modes 45 and 60. Do not enter Medi-Cal contract rates in this column.

#### **Column F, Rate for Allocation**

This column picks up the Non-Medi-Cal Contract Rate entered in Column E.

State of California Health and Human Services Agency				Department of Mental Health		
DETAIL COST REPORT						
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES						
MH 1901 SCHEDULE A (Rev. 7/07)						
Entity Name: 0				Entity Number: 0		
Fiscal Year: 2006 - 2007						
	A	B	C	D	E	F
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
<b>A. 24 - HOUR SERVICES</b>						
1 Hospital Inpatient	05	10 - 18	\$1,129.78			\$0.00
2 Hospital Administrative Day	05	19	\$351.26			\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$585.30			\$0.00
4 SNF Intensive	05	30 - 34				\$0.00
5 IMD Basic (No Patch)	05	35				\$0.00
6 IMD (With Patch)	05	36 - 39				\$0.00
7 Adult Crisis Residential	05	40 - 49	\$330.05			\$0.00
8 Jail Inpatient	05	50 - 59				\$0.00
9 Residential Other	05	60 - 64				\$0.00
10 Adult Residential	05	65 - 79	\$160.99			\$0.00
11 Semi - Supervised Living	05	80 - 84				\$0.00
12 Independent Living	05	85 - 89				\$0.00
13 MH Rehab Centers	05	90 - 94				\$0.00
<b>B. DAY SERVICES</b>						
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54			\$0.00
15 Urgent Care	10	25 - 29	\$94.54			\$0.00
16 Vocational Services	10	30 - 39				\$0.00
17 Socialization	10	40 - 49				\$0.00
18 SNF Augmentation	10	60 - 69				\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13			\$0.00
20 Full Day	10	85 - 89	\$202.43			\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08			\$0.00
22 Full Day	10	95 - 99	\$131.24			\$0.00
<b>C. OUTPATIENT SERVICES</b>						
23 Case Management, Brokerage	15	01 - 09	\$2.02			\$0.00
24 Mental Health Services	15	10 - 19	\$2.61			\$0.00
25 Mental Health Services	15	30 - 59	\$2.61			\$0.00
26 Medication Support	15	60 - 69	\$4.82			\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88			\$0.00
<b>D. OUTREACH SERVICES</b>						
28 Mental Health Promotion	45	10 - 19				\$0.00
29 Community Client Services	45	20 - 29				\$0.00
<b>E. MEDI-CAL ADMINISTRATIVE ACTIVITIES</b>				MEDI-CAL ELIGIBILITY FACTOR		
30 Medi-Cal Outreach	55	01 - 03				
31 Medi-Cal Eligibility Intake	55	04 - 06	07/01/09 - 09/30/09			
32 Medi-Cal Contract Administration	55	07 - 08	10/01/09 - 12/31/09			
33 MAA Coordination and Claims Administration	55	09	01/01/10 - 03/31/10			
34 Referral - Crisis, Non-Open Case	55	11 - 13	04/01/10 - 06/30/10			
35 MH Services Contract Administration	55	14 - 16	Average			
36 Discounted Mental Health Outreach	55	17 - 19				
37 SPMP Case Management, Non-Open Case	55	21 - 23				
38 SPMP Program Planning and Development	55	24 - 26				
39 SPMP MAA Training	55	27 - 29				
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41 Non-SPMP Program Planning and Development	55	35 - 39				
<b>F. SUPPORT SERVICES</b>						
42 Conservatorship Investigation	60	20 - 29				\$0.00
43 Administration	60	30 - 39				\$0.00
44 Life Support/Board & Care	60	40 - 49				\$0.00
45 Case Management Support	60	60 - 69				\$0.00
46 Client Housing Support Expenditures	60	70				\$0.00
47 Client Housing Operating Expenditures	60	71				\$0.00
48 Client Flexible Support Expenditures	60	72				\$0.00
49 Non Medi-Cal Capital Assets	60	75				\$0.00
50 Other Non Medi-Cal Client Support Expenditures	60	78				\$0.00

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## **MH 1901 Schedule B**

### ***Worksheet for Units of Service and Revenues by Mode and Service Function***

MH 1901 Schedule B is an “all purpose” type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to “settlement type”, modes and service functions and the period of service. ***You will be prompted to fill out MH 1991 if you report Mode 05, Service Function 19.***

Total units of service and units allocated to SD/MC, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of Columns G, J, M, N, P, Q, S, U and V. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

### **SD/MC EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM**

The SD/MC system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match Explanation of Balances (EOB) records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid.

**NOTE:** Complete reliance on the EOB reports is not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establishes an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled ***package A, and package B*** must be used to account for SD/MC units of service reported for year-end cost report submission and final cost report reconciliation. Package A should contain EOB SD/MC unit of service data used for year-end cost report submission, and package B should contain EOB SD/MC units of service data for final cost report reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

### **Column A – Settlement Type**

Enter the settlement type (CR, TBS, ASO, MAA, MHS, ISA and CAW) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program's rules and regulations.

State of California Health and Human Services Agency  
**DETAIL COST REPORT**  
**WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION**  
 MH 1901 SCHEDULE B (Rev. 7/07)

Department of Mental Health  
 FISCAL YEAR 2009 - 2010

Entity Name: Test Provider Entity Number: 00001

Fiscal Year: 2009 - 2010

Settlement Types CR - Cost Reimburse NR - Negotiated Rate TBS - Therapeutic Behavioral Services ASO - Administrative Services Organization	MAA - Medi-Cal Administrative Activities MHSP - Mental Health Specialty ISA - Integrated Service Agency CAIW - CALWORKS Services
--	---

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	
Settlement Type	Mode	SF	Total Units of Service	SOMC DATA			MEDICARE/MEDI-CAL CROSSOVER DATA			MEDI-CAL PATIENT AND OTHER PAYOR REVENUE		ENHANCED SHORT DOYLE MEDI-CAL DATA								HEALTHY FAMILIES (SED) DATA				Non Medi-Cal Units
				Units 07/01/06 - 09/30/06	Units 10/01/06 - 06/30/07	Total Units	Units 07/01/06 - 09/30/06	Units 10/01/06 - 06/30/07	Total Medicare/ SOMC Crossover Units	Units 07/01/06 - 09/30/06	Units 10/01/06 - 06/30/07	Units 07/01/06 - 09/30/06 (Children)	Units 10/01/06 - 06/30/07 (Children)	3rd Party Revenue (Children)	Units 07/01/09 - 09/30/09 (BCC/TP)	Units 10/01/09 - 06/30/10 (BCC/TP)	3rd Party Revenue (BCC/TP)	Units (Refugees)	3rd Party Revenue (Refugees)	Units 07/01/06 - 09/30/06	Units 10/01/06 - 06/30/07	3rd Party Revenue		
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[MH1961 >> MEDI-CAL ADJUSTMENTS TO COSTS](#)
[MH1962 >> OTHER COSTS](#)
[MH1963 >> PAYMENT TO CONTRACT PROVIDERS](#)
[MH1968 >> CALCULATION OF PROGRAM COSTS](#)



- **CR** Cost Reimbursement (CR) method of reimbursement is based on actual cost.
- **TBS** Therapeutic Behavioral Services (TBS) are individual or group providers, and organizational providers that contract with county Mental Health Plans (MHPs) to provide *TBS ONLY* services. These providers are not required to submit annual cost reports to the State. County MHPs should reimburse this provider type and report these costs to DMH as actual costs to the county under the county legal entity number (detailed cost report) in Program 2 – TBS costs. *(Note: cost reports from organizational providers that provide TBS ONLY services will not be accepted. However, LE's providing TBS ONLY services are required to complete a cost report.)*
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary (FI) for the provision of services to children placed outside of the county. Administrative fees paid to the FI must be included as part of the County's administrative costs reported on the MH 1960.
- **MAA** Medi-Cal Administrative Activities (MAA) method of reimbursement is based on actual costs to the county for counties participating in mental health MAA. Participation includes submission of a claiming plan, state and federal level approval of a County Mental Health MAA Plan and the submission of invoices through DMH during the year. All MAA invoices must be submitted by the time the cost report is due, and the units of service identified on the cost report must match the invoiced units. Please contact your MAA Coordinator for additional participation requirements.
- **MHS** Mental Health Specialty (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.
- **ISA** Integrated Service Agency (ISA) method of reimbursement is based on actual costs to the county for payments made to the providers of ISA services.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

**Column B – Mode**

Enter the mode of service.

**Column C – Service Function**

Enter the service function.

**Column D – Total Units of Service**

Enter the total units for each service function.

**Column E – SD/MC Units**

**(July 1, 2009 – September 30, 2009)**

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 07/01/09-09/30/09. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

**Column F – SD/MC Units**

**(October 1, 2009 – June 30, 2010)**

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 10/01/09-06/30/10. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

**Column G – Total SD/MC Units**

No entry. This column sums Columns E and F.

**Column H – Medicare/Medi-Cal Crossover Units**

**(July 1, 2009 – September 30, 2009)**

Enter the Medicare/Medi-Cal Crossover units by service function for the period 07/01/09-09/30/09.

**Column I – Medicare/Medi-Cal Crossover Units**

**(October 1, 2009 – June 30, 2010)**

Enter the Medicare/Medi-Cal Crossover units by service function for the period 10/01/09-06/30/10.

**Column J – Total Medicare/Medi-Cal Crossover Units**

No entry. This column sums Columns H and I.

**Columns K & L – Medi-Cal Patient and Other Payor Revenue**

Enter the 3<sup>rd</sup> party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (07/01/09-09/30/09) for each service function or mode of service. Enter the 3<sup>rd</sup> party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (10/01/09-06/30/10) for each service function or mode of service.

Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Column M – Units of Service for Enhanced SD/MC (Children)  
(July 1, 2009 – September 30, 2009)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 07/01/09-09/30/09.

**Column N – Units of Service for Enhanced SD/MC (Children)  
(October 1, 2009 – June 30, 2010)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 10/01/09-06/30/10.

**Column O – 3<sup>rd</sup> Party Revenue Enhanced SD/MC (Children)**

Enter 3<sup>rd</sup> Party Revenue collections for Enhanced SD/MC (Children) services for the entire year. See Columns K & L for more information.

**Column P – Units of Service for Enhanced SD/MC (BCCTP)  
(July 1, 2009 – September 30, 2009)**

Enter the units of service for each service function for Enhanced SD/MC (BCCTP) for the period 07/01/09-09/30/09.

**Column Q – Units of Service for Enhanced SD/MC (BCCTP)  
(October 1, 2009 – June 30, 2010)**

Enter the units of service for each service function for Enhanced SD/MC (BCCTP) for the period 10/01/09-06/30/10.

**Column R – 3<sup>rd</sup> Party Revenue Enhanced SD/MC (BCCTP)**

Enter 3<sup>rd</sup> Party Revenue collections for Enhanced SD/MC (BCCTP) services for the entire year. See Columns K & L for more information.

**Column S – Units of Service for Enhanced SD/MC (Refugees)**

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the entire year. These are units of service that were billed through the SD/MC system using Aid Codes 01, 02, 08, or 0A.

**Column T – 3<sup>rd</sup> Party Revenue (Refugees)**

Enter 3<sup>rd</sup> Party Revenue collected for refugees for the entire year. See Columns K & L for more information.

**Column U – Units of Service – Healthy Families (SED)****(July 1, 2009 – September 30, 2009)**

Enter units of service for each service function for Healthy Families for the period of 07/01/09-09/30/09. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

**Column V – Units of Service – Healthy Families (SED)****(October 1, 2009 – June 30, 2010)**

Enter units of service for each service function for Healthy Families for the period 10/01/09-06/30/10. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

**Column W – 3<sup>rd</sup> Party Revenue Healthy Families (SED)**

Enter 3<sup>rd</sup> Party Revenue collections for Healthy Families (SED) for the entire year. See Columns K & L for more information.

**Column X – Non-Medi-Cal Units**

No entry. This column calculates the total units less all SD/MC units. Column **X** equals Column **D** less Columns **G, J, M, N, P, Q, S, U**, and **V**. If the aggregate of columns **G, J, M, N, P, Q, S, U**, and **V** is greater than Column **D**, you will get an error code in this column. You will need to identify and correct this before continuing.

***MH 1901 Schedule B - Supplemental******Worksheet for Pregnancy Related Units of Service and Revenues***

MH 1901 Schedule B – Supplemental is intended to capture units of service that the mental health plan submitted, or would have submitted, to the SD/MC Phase II claims processing system with a pregnancy related indicator. These units of service are reimbursed at sixty-five percent and are reported on the MH 1901 Schedule B under the BCCTP settlement group. This form is informational only.

**Column A – Settlement Type**

Enter the settlement type (CR, TBS, ASO, MAA, MHS, ISA and CAW) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program's rules and regulations.

**Column B – Mode**

Enter the mode of service.

**Column C – Service Function**

Enter the service function.

**Column D – Pregnancy Related Units of Service**

Enter the total units for each service function for which the mental health plan submitted, or would have submitted, a claim to the SD/MC Phase II claims processing system with a pregnancy related indicator.

**Column E – Third Party Revenue**

Enter 3<sup>rd</sup> Party Revenue collections for the Pregnancy Related Units of Service entered in Column D.

State of California Health and Human Services Agency				Department of Mental Health	
DETAIL COST REPORT					
WORKSHEET FOR PREGNANCY RELATED UNITS OF SERVICE AND REVENUE					
MH 1901 SCHEDULE B (Rev. 7/10)				FISCAL YEAR 2009 - 2010	
Entity Name: 0		Entity Number: 0			
Fiscal Year: 2009 - 2010					
A	B	C	D		
Settlement Type	Mode	SF	Pregnancy Related Units of Service	3rd Party Revenue	
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
12					
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Totals					

## ***MH 1901 Schedule C***

### ***Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function***

MH 1901 Schedule C is designed to automatically pull **direct service costs** for allocation from MH 1960, Line 18. The Settlement Type, Mode, Service Function, and Total Units are automatically populated from MH 1901 Schedule B. This worksheet is also designed to automatically distribute direct service costs to modes and service function through the application of any of the three approved allocation methods. The three allocation methods are: (1) Costs determined at the service function level; (2) Time study; and (3) Relative Value method. The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an "Allocation Method" from the Allocation Box above will allow the distribution of direct service costs to modes and service functions. For example, if you select SMA Rate as an allocation option from the Allocation Box, it means that this worksheet will perform a relative value calculation using information from MH 1901 Schedule A to allocate direct service costs to modes and service functions on MH 1966, Program 1 or 2.

The method chosen must be applied consistently and uniformly to all direct services, and must be consistent from year to year. A legal entity can request to change its allocation method by writing to DMH.

### **Allocation Methodology**

#### **1. Costs Determined at Service Function Level**

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

#### **2. Time Study**

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

### **3. Relative Value**

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function. A legal entity's charge for each service function is: (1) the legal entity's published charge; (2) the legal entity's usual and customary charge; or (3) the legal entity's charge to the general public for providing services. The SMA rate for each service function may be substituted for the legal entity's charge. The relative value for each service function is divided by the sum of all relative values to determine the percentage of the total for each service function. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, Service Functions 10 through 19, service costs according to the Department's Fiscal Audits Unit.



State of California Health and Human Services Agency

Department of Mental Health

## DETAIL COST REPORT

SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE  
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION

MH 1901 SCHEDULE C (Rev. 7/10)

FISCAL YEAR 2009 - 2010

Entity Name: 0

Entity Number: 0

Fiscal Year: 2009 - 2010

Allocation

☐ Rate for Allocation☐ SMA Rate☐ Published Charges☒ Directly Allocated

## COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C)

	A	B	C	D	E	F	G	H	I
						Allocation Basis			
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1									
2									
3									
4									
5									
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7									
8									
9									
10									
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84									
Totals									

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## Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	TBS	
5 Other		0.00%	ASO	
10		0.00%	MHS	
15 Program_1		0.00%		
45		0.00%	Total	
55		0.00%		
60		0.00%		
Total		0.00%		

### Allocation Method Option Box

#### Select an Allocation Method

- **Rate for Allocation** – Select “Rate for Allocation” to use the relative value method based on the county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowances (SMA) Rate** – Select “SMA” for relative value method of cost allocation based on SMAs, if there are SMA rates for all the modes and service functions to be allocated.
- **Published Charges** – Select “Published Charges” for relative value method of cost allocation based on published charges, if you reported published charge rates for all the modes and service functions.
- **Directly Allocated** – Select “Directly Allocated” for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

#### Column A – Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B, Column A.

#### Column B – Mode

No entry. This column automatically populates from MH 1901 Schedule B, Column B.

#### Column C – Service Function

No entry. This column automatically populates from MH 1901 Schedule B, Column C.

#### Column D – Total Units

No entry. This column automatically populates from MH 1901 Schedule B, Column D.

#### Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO (excluding ASO administrative costs), MHS, ISA, and CAW. These costs, except for CAW, are reported on MH 1966, Program 2, based on actual costs to the county. Non-Medi-Cal costs for Modes 45 and 60 may also be entered in this column.

#### Column F – Directly Allocated Cost

Enter amount based on direct cost assignment to each SF on MH 1966, Program 1. MAA costs are to be reported in this column based on actual cost incurred for performing these activities. In order to use this column for direct cost allocation, select the “Directly Allocated” from the “Allocation Method” option box. Do not report amounts associated with TBS, ASO, ISA, MHS, and CAW in this column.

**Column G – Relative Value**

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying rate for allocation, SMA or published charge by the service function total units of service. For example, if Published Charge is the selected allocation base from the "Allocation Method" option box, the amount generated and placed in Column G will be the product of the published charge rate from MH 1901 Schedule A, column D, and the total units reported on MH 1901 Schedule C, Column D for each service function.

**Column H – Allocation Percentage**

No entry. This column computes the allocation percentages for each service function. This is achieved by dividing each service function relative value statistics by the aggregate of all the service functions relative value statistics.

**Column I – Allocated Cost**

No entry. This column computes the allocated cost for each service function. Allocated cost is the product of Column H and MH 1960, Column C, Line 18 minus Column E total. Total direct service costs for allocation includes Eligible Direct Cost from Column E.

**NOTE:** If data is entered on Column E – Eligible Direct Cost and Column F – Directly Allocated Costs, the sum of Columns E and F **SHOULD** equal the amount shown on Column I. If they do not, the county is responsible for maintaining supporting documentation as to their allocation methodology.

**MH 1960*****Calculation of Program Costs***

The purpose of MH 1960 is to adjust legal entity costs for Medi-Cal principles of reimbursement, identify the adjusted costs applicable to administration, utilization review, research and evaluation, Medi-Cal Administrative Activities (MAA), and direct service modes of service or cost centers.

**Line 1 – Mental Health Expenditure**

County legal entities should report total gross expenditures for county mental health department or division from the county auditor-controller's report. Amount should include all inter/intra fund transfers and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include Healthy Families and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider legal entities should report total gross expenditures from their trial balance.

Column A – Enter the mental health Salaries and Benefits expenditures.

Column B – Enter all Other mental health expenditures.

Column C – No entry. This column sums Columns A and B.

**Line 2 – Encumbrances**

Add encumbrances incurred by the legal entity during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.

Column B – Enter the Other encumbrances for the fiscal year.

Column C – No entry. This column automatically populates from Columns A and B.

**Line 3 – Less: Payments to Contract Providers (County Only) from MH 1963**

No entry. Information for this line automatically populates from MH 1963, Column D, Total Payments to Contract Providers.

Column A – No entry.

Column B – No entry. This column automatically populates from MH 1963, Column D, Total Payments for Contract Providers.

Column C – No entry. This column automatically populates from Column B.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
CALCULATION OF PROGRAM COSTS			
MH 1960 (Rev. 7/10)			
FISCAL YEAR 2009 - 2010			
County: 0			
County Code: 0			
Legal Entity:	A	B	C
Legal Entity Number:	Salaries and Benefits	Other	Total Costs
1 Mental Health Expenditures			
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)			
4 Other Adjustments from MH 1962			
5 Total Costs Before Medi-Cal Adjustments			
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			
Administrative Costs (County Only)			
9 SD/MC Administration - Other			
10 M-CHIP Administration			
11 Healthy Families Administration			
12 Non-SD/MC Administration			
13 Total Administrative Costs			
Utilization Review Costs (County Only)			
14 Skilled Professional Medical Personnel			
15 Other SD/MC Utilization Review			
16 Non-SD/MC Utilization Review			
17 Total Utilization Review Costs			
18 Research and Evaluation (County Only)			
19 Mode Costs (Direct Service and MAA)			
20 Total Costs - Lines 9 through 18			
<div> <a href="#">HOME</a> <a href="#">MH1901_Schedule_C &gt;&gt;</a> <a href="#">&lt;&lt; MH1961</a> <a href="#">&lt;&lt; MH1962</a> <a href="#">&lt;&lt; MH1963</a> </div>			

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**Line 4 – Other Adjustments**

No entry. Information for this line automatically populates from MH 1962, Columns A, B, and C, Line 20.

Column A – No entry. Salary and Benefits automatically populates from MH 1962, Column A, Line 20.

Column B – No entry. Adjustments to cost other than Salary and Benefits automatically populates from MH 1962, Column B, Line 20.

Column C – No entry. Automatically populates from the sum of Columns A and B.

**Line 5 – Total Costs Before Medi-Cal Adjustments**

Columns A, B and C – No entry. This line is the sum of Lines 1 through 4.

**Line 6 – Medi-Cal Adjustments**

No entry. The total Medi-Cal Adjustment is automatically populated from MH 1961, Line 20, Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

**NOTE:** Treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example, most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

**Line 7 – Managed Care Consolidation. (Community Services Managed Care-Outpatient Mental Health Services) – County Only**

County legal entities are to enter the “Outpatient Mental Health Services” expenditures funded through Community Services – Managed Care allocation (Line 8 of MH 1994) if not included in Line 1. Rollover of FY 2008-2009 managed care funds expended for Outpatient Mental Health Services (Line 2b of MH 1994) should also be included here, if not included in Line 1.

Column C – Enter the expenditures funded through Community Services and the rollover FY 2008-2009 managed care funds expended for Outpatient Mental Health Services if they were not included in Line 1.

**Line 8 – Allowable Costs for Allocation**

Column C – No entry. This line is the sum of Lines 5, 6 and 7.

***The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services and MAA.***

**Lines 9 through 13 – Administrative Cost – County Only**

County legal entities should report administrative costs on Lines 9, 10, 11 and 12 in Column C. These costs are summed on Line 13 (no entry required on Line 13). Administrative costs should be apportioned between Line 9 (SD/MC - Other including Inpatient FFS/MC), Line 10 (M\_CHIP), Line 11 (Healthy Families), and Line 12 (non-SD/MC) using: (1) the percentage of Medi-Cal recipients in the population served by the county; (2) relative values based on units and published charges; or (3) gross costs of each program. Follow the instructions in the Medi-Cal Administrative Activities (MAA) Instruction Manual for guidance on how to determine the percentage of Medi-Cal

recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

**Lines 14 through 17 – Utilization Review Costs – County Only**

County legal entities should report Utilization Review costs on Lines 14 through 17 in Column C. Skilled Professional Medical Personnel cost should be reported on Line 14, Other SD/MC Utilization Review (Line 15), and Non-SD/MC Utilization Review (Line 16). Amount reported on Line 14 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 14 must be maintained by the county legal entity. MAA Instruction Manual provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on Line 16. These costs are summed on Line 17 (no entry required on Line 17).

**Line 18 – Research and Evaluation**

County legal entities should enter research and evaluation costs on Line 18. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 18 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 18.

**Line 19 – Mode Costs (Direct Service and MAA)**

All legal entities must enter the direct service and MAA costs on Line 19, Column C. This includes all direct costs of providing mental health services and all MAA costs.

**Line 20 – Total Costs – Lines 9 through 19**

No entry. Line 20 is the sum of Lines 13, 17, 18 and 19. The total amount on Line 20 should equal the amount on Line 8. Any difference between the two amounts should be corrected before proceeding.



**MH 1961****Medi-Cal Adjustments to Costs**

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960, Line 6. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

**Lines 1 through 19**

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C automatically populates the sum of Columns A and B.

**Line 20 – Total Adjustments**

No entry. Sum of Lines 1 through 19 for each column. The amount in Column C will be entered on MH 1960, Line 6, Column C.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
MEDI-CAL ADJUSTMENTS TO COSTS				
MH 1961 (Rev. 7/10)				
FISCAL YEAR 2009 - 2010				
County: 0				
County Code: 0				
Legal Entity: 0				
Legal Entity Number: 0				
	A	B	C	
	Salaries and Benefits	Other	Total Adjustments	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			

Crosscheck  
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[<< MH1991](#)
[MH1962 >>](#)
[MH1960 >>](#)

**MH 1962****Other Adjustments**

The purpose of MH 1962 is to provide detail information of other adjustments for each activity. Information entered here will automatically populate MH 1960, Line 4, Columns A, B and C.

Add or subtract any other adjustments to costs the legal entity might have on this form. For example, if the amount reported on MH 1960, Line 1 from the county auditor-controller's report includes the costs of the county substance abuse division, the costs of the substance abuse division would be deducted on MH 1960, Line 4. Also, if the COWCAP A-87 (county overhead) costs were not included in the county auditor-controller's report, these costs would be added on MH 1960, Line 4. Audit adjustments also should be included on MH 1960, Line 4. Other situations that are unique for individual legal entities should be addressed on MH 1960, Line 4.

**Lines 1 through 19**

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C automatically populates the sum of Columns A and B.

**Line 20 – Total Adjustments**

No entry. Sum of Lines 1 through 19 for each column. The amount in Column C will automatically populate MH 1960, Line 4, Column C.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
OTHER ADJUSTMENTS			
MH 1962 (Rev. 7/10)			
County: 0		FISCAL YEAR 2009 - 2010	
County Code: 0			
Legal Entity: 0			
Legal Entity Number: 0			
	A	B	C
	Salaries and Benefits	Other	Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			

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[MH1963 >>](#)
[MH1960 >>](#)

**MH 1963****Payments to Contract Providers (County Only)**

The purpose of MH 1963 is to capture the payments to contract providers. Information entered here will automatically populate MH 1960, Line 3, Columns B and C.

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract and should be reported in the year in which services/units are provided. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county legal entities will not record the Fee-for-Service/Medi-Cal (FFS/MC) payments in their auditor-controller's report because these payments are pass-through funds to the hospital. These payments would not be included on MH 1960, Line 1 or Line 3. **If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 1**, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount. Payments to contract providers should be reported in the year in which services/units are provided.

Column B – Enter the contract provider's legal entity name or one entry for the FFS/MC hospitals.

Column C – Enter the contract provider's legal entity number.

Column D – Enter the amount paid to the contract provider. This amount should equal at least the amount on the legal entity cost report. A cost report should be submitted for each contract provider payment listed.

Column E – Enter the amount paid to the contract provider for Medi-Cal reimbursable services.

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
PAYMENTS TO CONTRACT PROVIDERS				
MH 1963 (Rev. 7/10)				
FISCAL YEAR 2009 - 2010				
County: 0				
County Code: 0				
A	B	C	D	E
Item	Legal Entity Name	Legal Entity Number	Amount Paid	Medi-Cal Payments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
34				
35				
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
Total Payments to Contract Providers				
<a href="#">HOME</a>		<a href="#">MH1960 &gt;&gt;</a>		<a href="#">Add Line Items</a>

**MH 1964****Allocation of Costs to Modes of Service**

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix E for mode of service information.**

**Line 1 – Mode Costs (Direct Service and MAA) from MH 1960**

No entry. Automatically populates the direct service costs from Line 19 of MH 1960.

**Lines 2 through 8 – Modes**

No entry. The costs for each mode of service are automatically populated from MH 1901 Schedule C, Column I.

**Line 9 – Total – Lines 2 through 8**

No entry. This line sums Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1. Any difference between the two amounts should be corrected on MH 1960, Lines 9 through 18 before proceeding.

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		
MH 1964 (Rev. 7/10)		FISCAL YEAR 2009 - 2010
County: 0		
County Code: 0		
Legal Entity: 0		A
Legal Entity Number: 0		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	
<a href="#">HOME</a>		Crosscheck OK

**MH 1966 Program 1 and Program 2****Allocation of Costs to Service Functions – Mode Total**

MH 1966, Program 1 and Program 2 distribute modes of service costs to the service function level. Program 2 accounts for pass-through costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational MHS providers, and ASO providers. **Service functions are listed in the CFRS system format chart (Appendix E).** These forms also determine aggregate SD/MC, Medicare/Medi-Cal Crossover Costs, Enhanced SD/MC Costs, Healthy Families Costs, Published Charges, and SMA for SD/MC for each mode of service. MH 1966 forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the MAA costs for those participating in the MAA program.

**MH 1966 automatically populates from MH 1901 Schedules A, B and C. Separate MH 1966 forms are automatically populated for each mode of service.**

**Line 1 – Allocation Percentage**

No Entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective mode of the above service functions.

**Line 2 – Total Units**

No entry. This field is automatically populated from MH 1901 Schedule C, Column D.

**Line 3 – Gross Cost**

No entry. This field is automatically populated from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

**Line 4 – Cost per Unit**

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each service function level.

**Line 5 – SMA per Unit**

No entry. Starting in Column B, this field is automatically populated from MH 1901 Schedule A, Column C.

State of California Health and Human Services Agency			Department of Mental Health						
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL									
MH 1966 (Rev. 7/10)									
County: 0									
County Code: 0									
Legal Entity: 0									
Legal Entity Number: 0									
Mode: 15 - Outpatient Services (Program 1)									
			A	B	C	D	E	F	G
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage								
2	Total Units								
3	Gross Cost								
4	Cost per Unit								
5	SMA per Unit								
6	Published Charge per Unit								
7	Medi-Cal Units	07/01/09 - 09/30/09							
7A		10/01/09 - 06/30/10							
8	Medicare/Medi-Cal Crossover Units	07/01/09 - 09/30/09							
8A		10/01/09 - 06/30/10							
9	Enhanced SD/MC (Children) Units	07/01/09 - 09/30/09							
9A		10/01/09 - 06/30/10							
9B	Enhanced SD/MC (Refugees) Units	07/01/09 - 06/30/10							
10	Breast & Cervical Cancer Treatment & Prevention	07/01/09 - 09/30/09							
10A	Breast & Cervical Cancer Treatment & Prevention	10/01/09 - 06/30/10							
11	Healthy Families (SED) Units	07/01/09 - 09/30/09							
11A		10/01/09 - 06/30/10							
12	Non-Medi-Cal Units								
13	Medi-Cal Costs	07/01/09 - 09/30/09							
13A		10/01/09 - 06/30/10							
14	Medi-Cal SMA Upper Limits	07/01/09 - 09/30/09							
14A		10/01/09 - 06/30/10							
15	Medi-Cal Published Charges	07/01/09 - 09/30/09							
15A		10/01/09 - 06/30/10							
16	Medicare/Medi-Cal Crossover Costs	07/01/09 - 09/30/09							
16A		10/01/09 - 06/30/10							
17	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/09 - 09/30/09							
17A		10/01/09 - 06/30/10							
18	Medicare/Medi-Cal Crossover Published Charges	07/01/09 - 09/30/09							
18A		10/01/09 - 06/30/10							
19	Enhanced SD/MC Costs	07/01/09 - 09/30/09							
19A		10/01/09 - 06/30/10							
20	Enhanced SD/MC SMA Upper Limits	07/01/09 - 09/30/09							
20A		10/01/09 - 06/30/10							
21	Enhanced SD/MC Published Charges	07/01/09 - 09/30/09							
21A		10/01/09 - 06/30/10							
22	Enhanced SD/MC (Refugees) Costs	07/01/09 - 06/30/10							
23	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/09 - 06/30/10							
24	Enhanced SD/MC (Refugees) Published Charges	07/01/09 - 06/30/10							
25	BCCTP Costs	07/01/09 - 09/30/09							
25A	BCCTP Costs	10/01/09 - 06/30/10							
26	BCCTP SMA Upper Limits	07/01/09 - 09/30/09							
26A	BCCTP SMA Upper Limits	10/01/09 - 06/30/10							
27	BCCTP Published Charges	07/01/09 - 09/30/09							
27A	BCCTP Published Charges	10/01/09 - 06/30/10							
28	Healthy Families Costs	07/01/09 - 09/30/09							
28A		10/01/09 - 06/30/10							
29	Healthy Families SMA Upper Limits	07/01/09 - 09/30/09							
29A		10/01/09 - 06/30/10							
30	Healthy Families Published Charges	07/01/09 - 09/30/09							
30A		10/01/09 - 06/30/10							
31	Non-Medi-Cal Costs								

**Line 6 – Published Charge per Unit**

No entry. Starting in Column B, this field automatically populates from MH 1901 Schedule A, Column D. See MH 1901 Schedule A instruction for more information.

**Line 7 – Medi-Cal Units****(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column E. This field identifies only units for the first quarter of the fiscal year. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

**Line 7A – Medi-Cal Units****(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column F. This field identifies only units for the second, third, and fourth quarters of the fiscal year. Do not include Medicare/Medi-Cal Crossover or Enhanced SD/MC units.

**Line 8 – Medicare/Medi-Cal Crossover Units****(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Medicare/Medi-Cal Crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column H. This field identifies only units for the first quarter of the fiscal year.

**Line 8A – Medicare/Medical Crossover Units****(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column I. This field identifies only units for the second, third and fourth quarters of the fiscal year.

**Line 9 – Enhanced SD/MC (Children) Units****(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column M for the first quarter of the fiscal year.

**Line 9A – Enhanced SD/MC (Children) Units****(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column N for the second, third and fourth quarters of the fiscal year.

**Line 9B – Enhanced SD/MC (Refugees) Units****(July 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column S.

**Line 10 – Breast & Cervical Cancer Treatment and Prevention Units  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Breast & Cervical Cancer Treatment and Prevention units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column P for the first quarter of the fiscal year.

**Line 10A – Breast & Cervical Cancer Treatment and Prevention Units  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Breast & Cervical Cancer Treatment and Prevention units for each Medi-Cal service function fills in automatically from MH 1901 Schedule B, Column Q for the second, third and fourth quarters of the fiscal year.

**Line 11 – Healthy Families (SED) Units  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column U for the first quarter of the fiscal year.

**Line 11A – Healthy Families (SED) Units  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fills in automatically from MH 1901 Schedule B, Column V for the second, third and fourth quarters of the fiscal year.

**Line 12 – Non-Medi-Cal Units**

No entry. Starting in Column B, non-Medi-Cal units for each service function fills in automatically from MH 1901 Schedule B, Column X.

**Line 13 – Medi-Cal Costs  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 4 is multiplied by Line 7 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13.

**Line 13A – Medi-Cal Costs  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 4 is multiplied by Line 7A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13A.

**Line 14 – Medi-Cal SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 5 is multiplied by Line 7 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14.



**Line 14A – Medi-Cal SMA Upper Limits  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 5 is multiplied by Line 7A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14A.

**Line 15 – Medi-Cal Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 6 is multiplied by Line 7 for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15.

**Line 15A – Medi-Cal Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 6 is multiplied by Line 7A for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15A.

**Line 16 – Medicare/Medi-Cal Crossover Costs  
(July 1, 2009 – September 30, 2009)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

**Line 16A – Medicare/Medi-Cal Crossover Costs  
(October 1, 2009 – June 30, 2010)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16A.

**Line 17 – Medicare/Medi-Cal Crossover SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17.

**Line 17A – Medicare/Medi-Cal Crossover SMA Upper Limits  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17A.

**Line 18 – Medicare/Medi-Cal Crossover Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 8 for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 18.

**Line 18A – Medicare/Medi-Cal Crossover Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 8A for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 18A.

**Line 19 – Enhanced SD/MC (Children) Costs  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 4 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 19.

**Line 19A – Enhanced SD/MC (Children) Costs  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 4 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 19A.

**Line 20 – Enhanced SD/MC (Children) SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9 by each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 20A – Enhanced SD/MC (Children) SMA Upper Limits  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20A.

**Line 21 – Enhanced SD/MC (Children) Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 6 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 21A – Enhanced SD/MC (Children) Published Charges  
(October 1, 2009 – June 30, 2009)**

No entry. Starting in Column B, Line 6 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21A.

**Line 22 – Enhanced SD/MC (Refugees) Costs  
(July 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 4 is multiplied by Line 9B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

**Line 23 – Enhanced SD/MC (Refugees) SMA Upper Limits  
(July 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

**Line 24 – Enhanced SD/MC (Refugees) Published Charges  
(July 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 6 is multiplied by Line 9B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

**Line 25 – BCCTP Costs  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

**Line 25A – BCCTP Costs  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25A.

**Line 26 – BCCTP SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 26A – BCCTP SMA Upper Limits  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26A.

**Line 27 – BCCTP Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 27A – BCCTP Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27A.

**Line 28 – Healthy Families Costs  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 28A – Healthy Families Costs  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28A.

**Line 29 – Healthy Families SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 29A – Healthy Families SMA Upper Limits  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29A.

**Line 30 – Healthy Families Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 30A – Healthy Families Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30A.

**Line 31 – Non-Medi-Cal Costs**

No entry. Starting in Column B, Line 3 minus the sum of Lines 13, 13A, 16, 16A, 19, 19A, 22, 25, 25A, 28, and 28A is calculated here. The amounts for all service functions are summed up in Column A, Line 31.

**MH 1966 Mode 05, Service Function 19*****Hospital Inpatient***

The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, and published charges. Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up the SMA to include Physician and Ancillary costs.

**NOTE:** You will need to complete the MH 1991 even if you do not have any Physician and Ancillary costs. The SMA costs are pulled directly from the MH 1991.

**Upon Completion of Form MH 1991, MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A, B and C, and MH 1991:**

**Line 1 – Allocation Percentage**

No Entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective mode of the above service functions.

**Line 2 – Total Units**

No entry. This field is automatically populated from MH 1901 Schedule C, Column D.

**Line 3 – Gross Cost**

No entry. This field is automatically populated from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

**NOTE:** Line 3 should include Physician and Ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title 22 of the California Code of Regulations (CCR).

**Line 4 – Cost per Unit**

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each service function level.

**Line 5 – SMA per Unit**

No entry. Starting in Column B, this field is automatically populated from MH 1901 Schedule A, Column C.

**Line 6 – Published Charge per Unit**

No entry. Starting in Column B, this field automatically populates from

MH 1901 Schedule A, Column D. See MH 1901 Schedule A instruction for more information.

**Lines 7 & 7A – Medi-Cal Units**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Mode 05, Service Function 19 entry fills in automatically from MH 1901 Schedule B, Columns E and F.

**Lines 8 & 8A – Medicare/Medi-Cal Crossover Units**

These lines do not apply to Mode 05, Service Function 10 and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

**Lines 9 & 9A – Enhanced SD/MC (Children) Units**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Mode 05, Service Function 19 entry fills in automatically from MH 1901 Schedule B, Columns M and N.

**Line 9B – Enhanced SD/MC (Refugees) Units**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Mode 05, Service Function 19 entry fills in automatically from MH 1901 Schedule B, Column S.

**Lines 10 & 10A – Breast & Cervical Cancer Treatment and Prevention Units**

No entry. Starting in Column B, Breast & Cervical Cancer Treatment and Prevention units for each Mode 05, Service Function 19 entry fills in automatically from MH 1901 Schedule B, Columns P and Q.

**Lines 11 & 11A – Healthy Families (SED) Units**

No entry. Starting in Column B, Healthy Families units for each Mode 05, Service Function 19 entry fills in automatically from MH 1901 Schedule B, Columns U and V.

**Lines 12 – Non-Medi-Cal Units**

No entry. Starting in Column B, non-Medi-Cal units for each Mode 05, Service Function 19 entry fills in automatically from MH 1901 Schedule B, Column X.

**Lines 13 & 13A – Medi-Cal Costs**

No entry. Starting in Column B, Line 4 is multiplied by Lines 7 and 7A for each Mode 05, Service Function 19 entry.

**Lines 14 & 14A – Medi-Cal SMA Upper Limits**

No entry. These fields include physician and ancillary costs. The fields compute automatically by referencing MH 1991, Column I.

**Lines 15 & 15A – Medi-Cal Published Charges**

No entry. Starting in Column B, Line 6 is multiplied by Lines 7 and 7A for each Mode 05, Service Function 19 entry.

**Lines 16 & 16A – Medicare/Medi-Cal Crossover Costs  
(July 1, 2009 – September 30, 2009)**

These lines do not apply to Mode 05, Service Function 10 and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

**Lines 17 & 17A – Medicare/Medi-Cal Crossover SMA Upper Limits**

These lines do not apply to Mode 05, Service Function 10 and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

**Lines 18 & 18A – Medicare/Medi-Cal Crossover Published Charges**

These lines do not apply to Mode 05, Service Function 10 and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

**Lines 19 & 19A – Enhanced SD/MC (Children) Costs**

No entry. Starting in Column B, Line 4 is multiplied by Lines 9 and 9A for each Mode 05, Service Function 19 entry.

**Lines 20 & 20A – Enhanced SD/MC (Children) SMA Upper Limits**

No entry. These fields include physician and ancillary costs. The fields compute automatically by referencing MH 1991, Column I.

**Lines 21 & 21A – Enhanced SD/MC (Children) Published Charges**

No entry. Starting in Column B, Line 6 is multiplied by Lines 9 and 9A for each Mode 05, Service Function 19 entry.

**Lines 22 – Enhanced SD/MC (Refugees) Costs**

No entry. Starting in Column B, Line 4 is multiplied by Line 9B for each Mode 05, Service Function 19 entry.

**Lines 23 – Enhanced SD/MC (Refugees) SMA Upper Limits**

No entry. These fields include physician and ancillary costs. The fields compute automatically by referencing MH 1991, Column I.

**Lines 24 – Enhanced SD/MC (Refugees) Published Charges**

No entry. Starting in Column B, Line 6 is multiplied by Line 9B for each Mode 05, Service Function 19 entry.

**Lines 25 & 25A – BCCTP Costs**

No entry. Starting in Column B, Line 4 is multiplied by Lines 10 and 10A for each Mode 05, Service Function 19 entry.



**Lines 26 & 26A – BCCTP SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. These fields include physician and ancillary costs. The fields compute automatically by referencing MH 1991, Column I.

**Lines 27 & 27A – BCCTP Published Charges**

No entry. Starting in Column B, Line 6 is multiplied by Lines 10 and 10A for each Mode 05, Service Function 19 entry.

**Lines 28 & 28A – Healthy Families Costs**

No entry. Starting in Column B, Line 4 is multiplied by Lines 11 and 11A for each Mode 05, Service Function 19 entry.

**Line 29 & 29A – Healthy Families SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. These fields include physician and ancillary costs. The fields compute automatically by referencing MH 1991, Column I.

**Lines 30 & 30A – Healthy Families Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Starting in Column B, Line 6 is multiplied by Lines 11 and 11A for each Mode 05, Service Function 19 entry.

**Line 31 – Non-Medi-Cal Costs**

No entry. Starting in Column B, Line 3 minus the sum of Lines 13, 13A, 16, 16A, 19, 19A, 22, 25, 25A, 28, and 28A is calculated here.

## MH 1966 Modes 45 and 60

### Outreach and Support

Mode 45 (Outreach) and Mode 60 (Support) services are not Medi-Cal reimbursable. For these modes, the format consists of only six lines. The MH 1966 for Modes 45 and 60, automatically populates from MH 1901 Schedules A, B and C.

#### Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

#### Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

#### Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, the non-Medi-Cal units fill in from line 2 for each service function.

#### Line 6

No entry. Starting from Column B, the non-Medi-Cal costs fill in from line 3 for each service function.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 7/10)								
County: 0								
County Code: 0								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number: 0			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services		Mode Total						
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs							

## MH 1966 Mode 55

### **Medi-Cal Administrative Activities (MAA)**

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities (MAA) and consists of five lines. The form automatically populates from MH 1901 Schedules A, B and C. Legal entities must have an approved MAA plan with DMH in order to report Mode 55.

#### **Lines 1 through 3**

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

#### **Line 4 – Cost per Unit**

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

#### **Line 5 – Non-Medi-Cal Units**

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in by taking Line 3, Column A of this form and subtracting MH 1968, Line 35, Column D.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 7/10)								
PAGE 1 OF 1								
FISCAL YEAR 2009 - 2010								
County: 0								
County Code: 0								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number: 0			Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

**MH 1968*****Determination of SD/MC Direct Services and MAA Reimbursement***

The purpose of the MH 1968 is to determine the net SD/MC and Healthy Families gross reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA. MAA service function expenditures are combined on the MH 1968.

**Nominal Fee Provider**

Determination of Nominal Fee status is the first step in the cost report settlement process (42 CFR 413.13). Legal entities may complete form MH 1969, Nominal Fee Provider Determination. Nominal fee providers' reimbursement is limited to the lower of Actual Cost or SMA.

**Determination of Cost Settlement Process**

The cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows the SD/MC settlement technique and process.

**Column K – Total Outpatient**

No entry. This column sums Column I – Total Outpatient excluding Program 2 and Column J (Mode 15, Program 2).

**Line 1 – Medi-Cal Costs****(July 1, 2009 – September 30, 2009)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13 of MH 1966 for the applicable modes. Note that costs reported on Line 1 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 1A – Medi-Cal Costs  
(October 1, 2009 – June 30, 2010)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13A of MH 1966 for the applicable modes. Note that costs reported in Line 1A are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 2 – Medi-Cal SMA Upper Limits  
(July 1, 2009 – September 30, 2009)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2.

**Line 2A – Medi-Cal SMA Upper Limits  
(October 1, 2009 – June 30, 2010)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2A.

**Line 3 – Medi-Cal Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3.

**Line 3A – Medi-Cal Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3A.

State of California Health and Human Services Agency				Department of Mental Health										
DETAIL COST REPORT														
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT				FISCAL YEAR 2009 - 2010										
MH 1968 (Rev. 7/10)														
County: 0 County Code: 0														
Legal Entity: 0														
Legal Entity Number: 0														
				REIMBURSEMENT TYPE			PC		PC		Costs			
				A	B	C	D	E	F	G	H	I	J	K
				Mode 55			Total MAA	Total Inpatient	Mode 05 Hospital Inpatient Services		Mode 10 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
				S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29		Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)			
1	Medi-Cal Costs	07/01/09 - 09/30/09												
1A		10/01/09 - 06/30/10												
2	Medi-Cal SMA	07/01/09 - 09/30/09												
2A		10/01/09 - 06/30/10												
3	Medi-Cal P. C.	07/01/09 - 09/30/09												
3A		10/01/09 - 06/30/10												
4	Medi-Cal Gross Reimbursement	07/01/09 - 09/30/09												
4A		10/01/09 - 06/30/10												
5	Medicare/Medi-Cal Crossover Cost	07/01/09 - 09/30/09												
5A		10/01/09 - 06/30/10												
6	Medicare/Medi-Cal Crossover SMA	07/01/09 - 09/30/09												
6A		10/01/09 - 06/30/10												
7	Medicare/Medi-Cal Crossover P. C.	07/01/09 - 09/30/09												
7A		10/01/09 - 06/30/10												
8	Medicare/Medi-Cal Crossover Gross Reim.	07/01/09 - 09/30/09												
8A		10/01/09 - 06/30/10												
9	Total SD/MC + Crossover Gross Reim.	07/01/09 - 09/30/09												
9A		10/01/09 - 06/30/10												
10	Enhanced SD/MC (Children) Cost	07/01/09 - 09/30/09												
10A		10/01/09 - 06/30/10												
11	Enhanced SD/MC (Children) SMA	07/01/09 - 09/30/09												
11A		10/01/09 - 06/30/10												
12	Enhanced SD/MC (Children) P. C.	07/01/09 - 09/30/09												
12A		10/01/09 - 06/30/10												
13	Enhanced SD/MC (Children) Gross Reim.	07/01/09 - 09/30/09												
13A		10/01/09 - 06/30/10												
14	Enhanced SD/MC (BCCTP) Cost	07/01/09 - 09/30/09												
14A		10/01/09 - 06/30/10												
15	Enhanced SD/MC (BCCTP) SMA	07/01/09 - 09/30/09												
15A		10/01/09 - 06/30/10												
16	Enhanced SD/MC (BCCTP) P. C.	07/01/09 - 09/30/09												
16A		10/01/09 - 06/30/10												
17	Enhanced SD/MC (BCCTP) Gross Reim.	07/01/09 - 09/30/09												
17A		10/01/09 - 06/30/10												
18	Enhanced SD/MC (Refugees) Cost	07/01/09 - 06/30/10												
19	Enhanced SD/MC (Refugees) SMA	07/01/09 - 06/30/10												
20	Enhanced SD/MC (Refugees) P. C.	07/01/09 - 06/30/10												
21	Total Medi-Cal Gross Reimbursement	07/01/09 - 09/30/09												
21A	(Excludes Refugees)	10/01/09 - 06/30/10												
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/09 - 06/30/10												
23	Healthy Families Cost	07/01/09 - 09/30/09												
23A		10/01/09 - 06/30/10												
24	Healthy Families SMA	07/01/09 - 09/30/09												
24A		10/01/09 - 06/30/10												
25	Healthy Families P. C.	07/01/09 - 09/30/09												
25A		10/01/09 - 06/30/10												
26	Healthy Families Gross Reim.	07/01/09 - 09/30/09												
26A		10/01/09 - 06/30/10												
	Less: Patient and Other Payor Revenue													
27	SD/MC + Crossover Revenue	07/01/09 - 09/30/09												
27A		10/01/09 - 06/30/10												
28	Enhanced SD/MC (Children) Revenue													
29	Enhanced SD/MC (Refugees) Revenue													
30	Enhanced SD/MC (BCCTP) Revenue													
31	Healthy Families Revenue													
32	Total Expenditures from MAA (Mode 55)													
33	Medi-Cal Eligibility Factor (Average)													
34	Revenue - MAA													
35	Net Due - SD/MC for Direct Services	07/01/09 - 09/30/09												
35A		10/01/09 - 06/30/10												
36	Net Due - Enhanced SD/MC (Refugees)													
37	Net Due - Healthy Families	07/01/09 - 09/30/09												
37A		10/01/09 - 06/30/10												

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**Line 4 – Medi-Cal Gross Reimbursement  
(July 1, 2009 – September 30, 2009)**

Legal entities fall into one of two categories based on qualification as nominal fee providers. Table 1 represents the two categories of legal entities and lines from MH 1968 that should be compared. The lowest amount from lines being compared is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 4A – Medi-Cal Gross Reimbursement  
(October 1, 2009 – June 30, 2010)**

Legal entities fall into one of two categories based on qualification as nominal fee providers. Table 1 represents the two categories of legal entities and lines from MH 1968 that should be compared. The lowest amount from lines being compared is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

<b>Table 1 Lines for Comparison</b>		
<b>Legal Entity Classifications</b>	<b>Reimbursement Method</b>	<b>Lowest of Lines</b>
<b><i>Cost-Based Reimbursement</i></b>		
1. Nominal Fee Provider	Cost	1 + 1A + 5 + 5A + 10 + 10A + 14 + 14A + 18
	- or -	- or -
	SMA	2 + 2A + 6 + 6A + 11 + 11A + 15 + 15A + 19
2. Not A Nominal Fee Provider	Cost	1 + 1A + 5 + 5A + 10 + 10A + 14 + 14A + 18
	- or -	- or -
	SMA	2 + 2A + 6 + 6A + 11 + 11A + 15 + 15A + 19
	- or -	- or -
	Published Charges	3 + 3A + 7 + 7A + 12 + 12A + 16 + 16A + 19

**Line 5 – Medicare/Medi-Cal Crossover Costs  
(July 1, 2009 – September 30, 2009)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 5.

**Line 5A – Medicare/Medi-Cal Crossover Costs  
(October 1, 2009 – June 30, 2010)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 5A.

**Line 6 – Medicare/Medi-Cal Crossover SMA  
(July 1, 2009 – September 30, 2009)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6.

**Line 6A – Medicare/Medi-Cal Crossover SMA  
(October 1, 2009 – June 30, 2010)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6A.

**Line 7 – Medicare/Medi-Cal Crossover Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 18 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7.

**Line 7A – Medicare/Medi-Cal Crossover Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 18A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7A.



**Line 8 – Medicare/Medi-Cal Crossover Gross Reimbursement  
(July 1, 2009 – September 30, 2009)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 8A – Medicare/Medi-Cal Crossover Gross Reimbursement  
(October 1, 2009 – June 30, 2010)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

<b>Table 2 Lines for Comparison For Outpatient Program 2 Only</b>		
<b>Legal Entity Classifications</b>	<b>Reimbursement Method</b>	<b>Lowest of Lines</b>
All Program 2	Cost	1 + 1A + 5 + 5A + 10 + 10A + 14 + 14A + 18
	- or -	- or -
	SMA	2 + 2A + 6 + 6A + 11 + 11A + 15 + 15A + 19

**Line 9 – Total SD/MC + Crossover Gross Reimbursement  
(July 1, 2009 – September 30, 2009)**

No entry. Automatically fills in the sum of Lines 4 and 8 in Columns E through K.

**Line 9A – Total SD/MC + Crossover Gross Reimbursement  
(October 1, 2009 – June 30, 2010)**

No entry. Automatically fills in the sum of Lines 4A and 8A in Columns E through K.

**Line 10 – Enhanced SD/MC (Children) Cost  
(July 1, 2009 – September 30, 2009)**

No entry. The total cost of providing services to Enhanced SD/MC (Children) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 19 of MH 1966 for the applicable modes. The sum

of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 10A – Enhanced SD/MC (Children) Cost  
(October 1, 2009 – June 30, 2010)**

No entry. The total cost of providing services to Enhanced SD/MC (Children) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 19A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 11 – Enhanced SD/MC (Children) SMA  
(July 1, 2009 – September 30, 2009)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 20 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 11A – Enhanced SD/MC (Children) SMA  
(October 1, 2009 – June 30, 2010)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 20A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 12 – Enhanced SD/MC (Children) Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 12A – Enhanced SD/MC (Children) Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13 – Enhanced SD/MC (Children) Gross Reimbursement  
(July 1, 2009 – September 30, 2009)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 13A – Enhanced SD/MC (Children) Gross Reimbursement  
(October 1, 2009 – June 30, 2010)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 14 – Enhanced SD/MC (BCCTP) Cost  
(July 1, 2009 – September 30, 2009)**

No entry. The total cost of providing services to Enhanced SD/MC (BCCTP) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14A – Enhanced SD/MC (BCCTP) Cost  
(October 1, 2009 – June 30, 2010)**

No entry. The total cost of providing services to Enhanced SD/MC (BCCTP) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15 – Enhanced SD/MC (BCCTP) SMA  
(July 1, 2009 – September 30, 2009)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (BCCTP) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15A – Enhanced SD/MC (BCCTP) SMA  
(October 1, 2009 – June 30, 2010)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (BCCTP) beneficiaries for each mode of service in Columns E through H and J fills in

automatically from Column A, Line 26A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 16 – Enhanced SD/MC (BCCTP) Published Charges  
(July 1, 2009 – September 30, 2009)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (BCCTP) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 16A – Enhanced SD/MC (BCCTP) Published Charges  
(October 1, 2009 – June 30, 2010)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (BCCTP) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 27A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 17 – Enhanced SD/MC (BCCTP) Gross Reimbursement  
(July 1, 2009 – September 30, 2009)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 17A – Enhanced SD/MC (BCCTP) Gross Reimbursement  
(October 1, 2009 – June 30, 2010)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 18 – Enhanced SD/MC (Refugees) Cost  
(July 1, 2009 – June 30, 2010)**

No entry. The total cost of providing services to Enhanced SD/MC (Refugees) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SD/MC (Refugees) SMA  
(July 1, 2009 – June 30, 2010)**

No entry. The total SMA cost of providing services to Enhanced SD/MC (Refugees) beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SD/MC (Refugees) Published Charge  
(July 1, 2009 – June 30, 2010)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Refugees) beneficiaries for each mode of service in Columns E through H, and J fills in automatically from Column A, Line 24 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 19 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 21 – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC  
Refugees)****(July 1, 2009 – September 30, 2009)**

No entry. This is automatically calculated as the sum of Lines 9, 13, and 17. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 21A – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC  
Refugees)****(October 1, 2009 – June 30, 2010)**

No entry. This is automatically calculated as the sum of Lines 9A, 13A and 17A. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 22 – Enhanced SD/MC (Refugees) Gross Reimbursement  
(July 1, 2009 – June 30, 2010)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 23 – Healthy Families Cost  
(July 1, 2009 – September 30, 2009)**

No entry. The total cost of providing services to Healthy Families beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Healthy Families Costs for Program 1.

**Line 23A – Healthy Families Cost  
(October 1, 2009 – June 30, 2010)**

No entry. The total cost of providing services to Healthy Families beneficiaries for each mode of service in Columns E through H, and J fills in automatically from Column A, Line 28A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24 – Healthy Families SMA  
(July 1, 2009 – September 30, 2009)**

No entry. The total SMA cost of providing services to Healthy Families beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24A – Healthy Families SMA  
(October 1, 2009 – June 30, 2010)**

No entry. The total SMA cost of providing services to Healthy Families beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25 – Healthy Families Published Charge  
(July 1, 2009 – September 30, 2009)**

No entry. The total published charge cost of providing services to Healthy Families beneficiaries for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25A – Healthy Families Published Charge  
(October 1, 2009 – June 30, 2010)**

No entry. The total published charge cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I and represents the total outpatient Healthy Families Costs for Program 1.

**Line 26 – Healthy Families Gross Reimbursement  
(July 1, 2009 – September 30, 2009)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that

are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 26A – Healthy Families Gross Reimbursement  
(October 1, 2009 – June 30, 2010)**

The lowest amount from lines being compared (Table 1) is selected and entered in this line. Gross reimbursement for inpatient and outpatient services is determined independently in Column E and Column I. Column J consists of Program 2 costs that are reimbursed to the county at actual cost as long as the aggregate cost is below the SMA. Column J for this line is automatically computed by taking the lower of Cost or SMA (see Table 2).

**Line 27 – Less: Patient and Other Payor Revenues  
(July 1, 2009 – September 30, 2009)**

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units reported on MH 1966 automatically populate from MH 1901 Schedule B, Column K. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Line 27A – Less: Patient and Other Payor Revenues  
(October 1, 2009 – June 30, 2010)**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column L. See Line 27 for more information.

**Line 28 – Enhanced SD/MC (Children) Patient Revenue**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column O. See Line 28 for more information.

**Line 29 – Enhanced SD/MC (Refugees) Patient Revenue**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column T. See Line 28 for more information.

**Line 30 – Enhanced SD/MC (BCCTP) Patient Revenue**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column R. See Line 28 for more information.

**Line 31 – Healthy Families Patient Revenue**

No entry. Healthy Families client fees, or other sources for providing services to Healthy Families clients, are automatically populated from MH 1901 Schedule B, Column W. See Line 28 for more information.

**Line 32 – Total Expenditures from MAA (Mode 55)**

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 through 29 in Column C automatically populate these fields. The sum of Columns A, B and C automatically calculates in Column D.

**Line 33 – Medi-Cal Eligibility Factor (Average)**

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column E, Line 35.

**Line 34 – Revenue – MAA**

No entry. Does not apply.

**Line 35 – Net Due SD/MC for Direct Services  
(July 1, 2009 – September 30, 2009)**

No entry. Column A automatically populates the amount from Line 32. Columns B and C are equal to the product of Lines 32 and 33. Column D is equal to the sum of Columns A, B, and C. Columns E, I, J and K are equal to Line 21 minus the sum of Lines 27, 28 and 30.

**Line 35A – Net Due SD/MC for Direct Services  
(October 1, 2009 – June 30, 2010)**

No entry. Columns E, I, J and K are equal to Line 21A minus Line 28A.

**Line 36 – Net Due Enhanced SD/MC (Refugees)**

No entry. Columns E, I, J and K are equal to Line 22 minus line 29.

**Line 37 – Net Due for Healthy Families  
(July 1, 2009 – September 30, 2009)**

No entry. Columns E, I, J and K are equal to Line 26 minus Line 31.

**Line 37A – Net Due for Healthy Families  
(October 1, 2009 – June 30, 2010)**

No entry. Columns E, I, J and K are equal to Line 26A.

**Line 39 – Amount Negotiated Rates Exceed Costs for Enhanced SD/MC (Refugees)**

No entry. The difference of Line 20 minus Line 17 is automatically populated here. If the difference is less than zero, then zero is automatically populated.



**MH 1969 INST****Instructions for Lower of Costs or Charges Determination**

The purpose of MH 1969 INST is to determine if a legal entity qualifies as a Nominal Fee Provider. Before completing the MH 1969, the four questions on MH 1969 INST must be answered.

- ☐ Does the legal entity have a published schedule of its full (non-discounted) charges?
- ☐ Are the legal entity's revenues for patient care based on application of a published charge schedule?
- ☐ Does the legal entity maintain written policies for its process of making patient indigence determinations?
- ☐ Does the legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination			
Please answer the following questions.			
Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	Does your legal entity have a published schedule of its full (non-discounted) charges?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Are your legal entity's revenue for patient care based on application of published charge schedule?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?
<div style="display: flex; justify-content: space-around; align-items: center;"> <span><a href="#">HOME</a></span> <span><a href="#">&lt;&lt; MH1960</a></span> <span><a href="#">MH1969 &gt;&gt;</a></span> </div>			

If the answer to any of the above questions is NO, the legal entity DOES NOT qualify as a Nominal Fee Provider and the legal entity should not complete the MH 1969.

**MH 1969 (Optional)****Lower of Costs or Charges Determination**

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether legal entities are exempt from having to apply the Lower of Cost or Charges (LCC) principle. MH 1969 is an optional form and should be completed by legal entities with charges that are lower than the SMA upper limits and costs. If a legal entity's Medi-Cal adjusted customary charges are equal to or less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a legal entity are:

- The legal entity must have a published schedule of its full (non-discounted) charges.
- The legal entity's revenues for patient care must be based on application of a published charge schedule.
- The legal entity must maintain written policies for its process of making patient indigence determinations.
- The legal entity must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proved separately for Medi-Cal Inpatient Services (Mode 05-Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges are calculated using several different methods, all of which result in the same outcome.<sup>2</sup> MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. If these charges are equal to or less than 60 percent of Medi-Cal costs, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

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<sup>2</sup> See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.



**Line 3 – Non-Medicare/Medi-Cal Patient Insurance**

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital Inpatient Services and Line 3, Column E, represents patient insurance collected for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

**Line 4 – Subtotal**

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

**Line 5 – Non-Medicare/Medi-Cal Published Charges**

Non-Medicare/Medi-Cal Published Charges represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in appropriate Column on Line 5. The sum of Columns B through D is automatically populated in Column E. Columns A and E represent legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

**Line 6 – Ratio of Actual to Published Charges**

No entry. Column A (Inpatient) and Column E (Outpatient) is equal to line 4 divided by line 5.

**Line 7 – Medi-Cal Adjusted Customary Charges**

No entry. Column A (Inpatient) and Column E (Outpatient) is equal to line 1 multiplied by line 6.

**Line 8 – Medi-Cal Costs**

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services is automatically populated in Columns A and E from the sum of MH 1968, Lines 21, 21A, and 22, Column E and Column I, respectively.

**Line 9 – 60 Percent of Medi-Cal Costs**

No entry. Columns A and E are equal to Line 8 multiplied by 60 percent.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs) is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the legal entity is not exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services on MH 1968, and must include Medi-Cal Mode 05-Hospital Inpatient charges in the comparison on MH 1968.

If amount on Line 9, Column E (60 percent of Medi-Cal outpatient costs) is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, the legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

**MH 1979*****SD/MC Preliminary Desk Settlement***

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due to the legal entity for all SD/MC and Healthy Families services. Data for Lines 1 through 18 and 21 through 23 are to be entered by County legal entities on appropriate forms (e.g., MH 1900\_Information and MH 1960).

**Line 1 – County SD/MC Direct Service Gross Reimbursement**

No entry. Columns B and C are automatically populated from the sum of Columns E and K, lines 21, 21A, and 22 of the county legal entity's MH 1968. Column D is equal to the sum of Columns B and C.

**Line 2 – Contract Provider Medi-Cal Direct Service Gross Reimbursement**

No entry. Columns B and C are automatically populated from the MH 1900 Information Sheet, Contract Provider Other Medi-Cal Direct Service Gross Reimbursement. These costs are manually entered on the MH 1900 Information Sheet. The costs for outpatient services should equal the sum of Column K, Lines 9, 9A, 17, 17A and 22 of the MH 1968 for all legal entities that contract for SD/MC services with the County Mental Health Plan (MHP). The costs for inpatient services should equal the sum of Column E, Lines 9, 9A, 17, 17A, and 22 of the MH 1968 for all legal entities that contract for SD/MC services with the County Mental Health Plan (MHP) plus payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2A, 6 and 7 Plus FFP) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. Column D is equal to the sum of Columns B and C.

**Line 3 – Total Medi-Cal Direct Service Gross Reimbursement**

No entry. Column D, Line 3 is equal to the sum of lines 1 and 2. This amount represents total allowable SD/MC direct service costs in the county that will be used to determine maximum allowable SD/MC administrative reimbursement for the county legal entity.

**Line 4 – SD/MC Administrative Reimbursement Limit**

No entry. SD/MC Administrative costs are limited to 15 percent of SD/MC direct service costs. Column D, Line 4 is equal to line 3 multiplied by 15 percent.

**Line 5 – SD/MC Administration**

No entry. SD/MC administrative costs are automatically populated from MH 1960, Column C, Line 9.

State of California Health and Human Services Agency		Department of Mental Health									
DETAIL COST REPORT											
SD/MC PRELIMINARY DESK SETTLEMENT											
MH 1979 (Rev. 7/07)											
FISCAL YEAR 2009 - 2010											
County: 0											
County Code: 0											
Legal Entity: 0											
Legal Entity Number: 0											
		A	B	C	D	E	F	G	H	I	J
		Total	Total	Total	Total	50.00%	61.59%	61.59%	Variable %	75.00%	Total
		MAA	Inpatient	Outpatient		FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Other Administrative Reimbursement (County Only)											
1	County SD/MC Other Direct Service Gross Reimbursement										
2	Contract Providers Other Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
8	Contract Providers Healthy Families Direct Service Gross Reim.										
9	Total Healthy Families Direct Service Gross Reimbursement										
10	Healthy Families Administrative Reimbursement Limit										
11	Healthy Families Administration										
12	Healthy Families Administrative Reimbursement										
SD/MC Enhanced (Children) Administrative Reimbursement (County Only)											
13	County SD/MC Enhanced (Children) Direct Service Gross Reimbursement										
14	Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reim.										
15	Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement										
16	SD/MC Enhanced (Children) Administrative Reimbursement Limit										
17	SD/MC Enhanced (Children) Administration										
18	SD/MC Enhanced (Children) Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
19	Medi-Cal Admin. Activities Svc Functions 01 - 09										
20	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
21	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
22	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
23	Other SD/MC Utilization Review (County Only)										
24	SD/MC Net Reimbursement for Direct Services										
24A	Enhanced SD/MC Net Reimb. (Children)										
25	Enhanced SD/MC Net Reimb. (BCCTP)										
25A	Enhanced SD/MC Net Reimb. (Refugees)										
26	Enhanced SD/MC Net Reimb. (Refugees)										
26A	Enhanced SD/MC Net Reimb. (Refugees)										
27	Enhanced SD/MC Net Reimb. (Refugees)										
28	Total SD/MC Reimbursement Before Excess FFP										
29	Contract Limitation Adjustment										
30	Adjusted Total SD/MC Reimbursement (FFP)										
31	Healthy Families Net Reimbursement										
31A	Healthy Families Net Reimbursement										
32	Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 18: Column D minus Column E	
Line 19: Column D minus Column E	
Line 20: Column D minus Column E	
Line 21: Column D minus Column I	
Line 22: Column D minus Column I	
Line 23: Column D minus Column E	
Line 24: Column D minus Column F	
Line 24A: Column D minus Column G	
Line 25: Column D minus Column H	
Line 25A: Column D minus Column H	
Line 26: Column D minus Column H	
Line 26A: Column D minus Column H	
Line 27: Column D minus Column H	
Line 31: Column D minus Column H	
Line 31A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	

**Line 6 – SD/MC Administrative Reimbursement**

No entry. Column D, line 6 is equal to the lower of Lines 4 and 5. Column E, line 6 (FFP) is equal to Column D, Line 6 multiplied by 50 percent. The result is rounded to the nearest whole dollar.

**Line 7 – County Healthy Families Direct Service Gross Reimbursement**

No entry. Columns B and C are automatically populated from the sum of the county legal entity's MH 1968, Columns E and K, Lines 27 and 27A. Column D is equal to the sum of Columns B and C.

**Line 8 – Contract Provider Healthy Families Direct Service Gross Reimbursement**

No entry. Columns B and C are automatically populated from the MH 1900\_Info, Contract Providers Healthy Families Direct Service Gross Reimbursement for inpatient and outpatient services. The costs for inpatient and outpatient services should equal the sum of Column E and Column K, Lines 26 and 26A of the MH 1968 for all legal entities that contract for SD/MC services with the County Mental Health Plan (MHP). Column D is equal to the sum of Columns B and C.

**Line 9 – Total Healthy Families Direct Service Gross Reimbursement**

No entry. Column D, Line 9 is equal to the sum of lines 7 and 8. This amount represents total allowable Healthy Families direct service costs in the county, which will be used to determine maximum allowable Healthy Families administrative reimbursement for the county legal entity.

**Line 10 – Healthy Families Administrative Reimbursement Limit**

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 10 is equal to Column D, Line 9 multiplied by 10 percent.

**Line 11 – Healthy Families Administration**

No entry. The Healthy Families Administrative costs are automatically populated from Column C, Line 11 of MH 1960.

**Line 12 – Healthy Families Administrative Reimbursement**

No entry. Column D, Line 12 is equal to the lower of the Lines 10 and 11. Column H, Line 12 (FFP) is equal to Column D, Line 12 multiplied by 65 percent. The result is rounded to the nearest whole dollar.

**Line 13 – County SD/MC Enhanced (Children) Direct Service Gross Reimbursement**

No entry. Columns B and C are automatically populated from the sum of the county legal entity's MH 1968, Columns E and K, Lines 13 and 13A. Column D is equal to the sum of Columns B and C.



**Line 14 – Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement**

No entry. Columns B and C are automatically populated from the MH 1900\_Info, Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reimbursement for inpatient and outpatient services. The costs for inpatient and outpatient services should equal the sum of Column E and Column K, Lines 13 and 13A of the MH 1968 for all legal entities that contract for SD/MC services with the County Mental Health Plan (MHP). Column D is equal to the sum of Columns B and C.

**Line 15 – Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement**

No entry. Column D, Line 15 is equal to the sum of lines 13 and 14. This amount represents total allowable SD/MC Enhanced (Children) direct service costs in the county, which will be used to determine maximum allowable SD/MC Enhanced (Children) administrative reimbursement for the county legal entity.

**Line 16 – Healthy Families Administrative Reimbursement Limit**

No entry. SD/MC Enhanced (Children) Administrative costs are limited to 15 percent of SD/MC Enhanced (Children) direct service gross costs. Column D, Line 16 is equal to Column D, Line 15 multiplied by 15 percent.

**Line 17 – Healthy Families Administration**

No entry. The Healthy Families Administrative costs are automatically populated from Column C, Line 10 of MH 1960.

**Line 18 – Healthy Families Administrative Reimbursement**

No entry. Column D, Line 18 is equal to the lower of the Lines 16 and 17. Column E, Line 18 (FFP) is equal to Column D, Line 18 multiplied by 50 percent. The result is rounded to the nearest whole dollar.

**NOTE: Lines 19 through 21 are for MAA participants only. Others Skip to Line 14.**

**Line 19 – Medi-Cal Administrative Activities Service Functions 01 - 09**

No entry. Column A, Line 19 is automatically populated from Line 35, Column A, of MH 1968. Column D is equal to Column A. Column E (FFP) is equal to Column D multiplied by 50 percent.

**Line 20 – Medi-Cal Administrative Activities Service Functions 11 - 19, 31 - 39**

No entry. Column A, Line 20 is automatically populated from Line 35, Column B, of MH 1968. Column D is equal to Column A. Column E is equal to Column D multiplied by 50 percent. Column J is equal to Column E.

**Line 21 – Medi-Cal Administrative Activities Service Functions 21 - 29 (County Only)**

No entry. Column A, Line 21 is automatically populated from Line 35, Column C, of MH 1968. Column D is equal to Column A. Column I is equal to Column D multiplied by 75 percent. Column J is equal to Column I.

**Line 22 – Utilization Review – Skilled Professional Medical Personnel  
(County Only)**

No entry. Column D, Line 22 is automatically populated from Column C, Line 14 of MH 1960. Column I is equal to Column D multiplied by 75 percent. Column J is equal to Column I.

**Line 23 – Other SD/MC Utilization Review  
(County Only)**

No entry. Column D, Line 23 is automatically populated from Column C, Line 15 of MH 1960. Column E is equal to Column D multiplied by 50 percent. Column J is equal to Column E.

**Line 24 – SD/MC Net Reimbursement for Direct Services  
(July 1, 2009 – September 30, 2009)**

No entry. Column B and C are automatically populated from the difference between Columns E and K Line 9 and Columns E and K, Line 27 of MH 1968. Column D is equal to the sum of Columns B and C. Column F is equal to Column D multiplied by 61.59 percent. Column J is equal to Column F.

**Line 24A – SD/MC Net Reimbursement for Direct Services  
(October 1, 2009 – June 30, 2010)**

No entry. Column B and C are automatically populated from the difference between Columns E and K Line 9A and Columns E and K, Line 27A of MH 1968. Column D is equal to the sum of Columns B and C. Column G is equal to Column D multiplied by 61.59 percent. Column J is equal to Column F.

**Line 25 – Enhanced SD/MC Net Reimbursement (Children)  
(July 1, 2009 – September 30, 2009)**

No entry. Columns B and C are automatically populated from the difference between Columns E and K, Line 13 and Columns E and K, Line 28 of MH 1968. Column D is equal to the sum of Columns B and C. Column H is equal to Column D multiplied by 65 percent. Column J is equal to Column H.

**Line 25A – Enhanced SD/MC Net Reimbursement (Children)  
(October 1, 2009 – June 30, 2010)**

No entry. Columns B and C are automatically populated from Columns E and K, Line 13A of MH 1968. Column D is equal to the sum of Columns B and C. Column H is equal to Column D multiplied by 65 percent. Column J is equal to Column H.

**Line 26 – Enhanced SD/MC Net Reimbursement (BCCTP)  
(July 1, 2009 – September 30, 2009)**

No entry. Columns B and C are automatically populated from the difference between Columns E and K, Line 17 and Columns E and K, Line 30 of MH 1968. Column D is equal to the sum of Columns B and C. Column H is equal to Column D multiplied by 65 percent. Column J is equal to Column H.

**Line 26A – Enhanced SD/MC Net Reimbursement (Children)  
(October 1, 2009 – June 30, 2010)**

No entry. Columns B and C are automatically populated from Columns E and K, Line 17A of MH 1968. Column D is equal to the sum of Columns B and C. Column H is equal to Column D multiplied by 65 percent. Column J is equal to Column H.

**Line 27 – Enhanced SD/MC Net Reimbursement (Refugees)**

No entry. Columns B and C are automatically populated from the difference between Columns E and K, Line 22 and Columns E and K, Line 29. Column D is equal to the sum of Columns B and C. Column H is equal to Column D. Column J is equal to Column H.

**Line 28 – Total SD/MC Reimbursement Before Excess FFP**

No entry. Column J, Line 28 is equal to the sum of Column J, Lines 6, 18 through 23, 24, 24A, 25, 25A, 26, 26A, and 27.

**Line 29 – Contract Limitation Adjustment**

No entry. Column J, Line 29 is automatically populated from MH 1900 Information Sheet, Contract Limitation Adjustment total. The amount contained in this cell will appear as a negative number.

**Line 30 – Adjusted Total SD/MC Reimbursement (FFP)**

No entry. Column J, Line 30 is equal to the sum of lines 28 and 29.

**Line 31 – Healthy Families Net Reimbursement  
(July 1, 2009 – September 30, 2009)**

No entry. Columns A and B are automatically populated from Columns E and K, Line 37. Column D is equal to the sum of Columns B and C. Column H is equal to Column D multiplied by 65 percent. Column J is equal to Column H.

**Line 31A – Healthy Families Net Reimbursement  
(October 1, 2009 – June 30, 2010)**

No entry. Columns A and B are automatically populated from Columns E and K, Line 37A. Column D is equal to the sum of Columns B and C. Column H is equal to Column D multiplied by 65 percent. Column J is equal to Column H.

**Line 32 – Total Healthy Families Reimbursement**

No entry. Column J, Line 32 is equal to the sum of Column J, Lines 12, 31 and 31A.

**MH 1991*****Calculation of SD/MC (Hospital Administrative Days)***

The objective of MH 1991 is to identify the amount of Physician and Ancillary costs associated with SD/MC and Healthy Families (SED) Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

**Column A – Settlement Group**

No entry. Settlement groups are provided.

**Column B – Provider Number**

Enter 4-digit Provider Number.

**Column C – SMA Rate**

No entry. SMA Rate for FY 2009-2010 is provided for the two periods.

**Column D – Period of Service**

No entry. Period of service from 07/01/09 through 02/23/10 - \$351.26

Period of service from 02/24/10 through 06/30/10 - \$381.37

**Column E – Administrative Days**

Enter number of SD/MC administrative days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This column should match the number of Medi-Cal units reported on Schedule B for Mode 05, Service Function 19.

**Column F – Subtotal Amount**

No entry. Column F is equal to Column C multiplied by Column E.

**Column G – Physician Costs**

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal).

**Column H – Ancillary Costs**

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal).

**Column I – Total Amount**

No entry. Column I is equal to the sum of Columns F, G and H for each period and settlement group.

State of California Health and Human Services Agency					Department of Mental Health			
DETAIL COST REPORT <b>CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2006 - 2007 HOSPITAL ADMINISTRATIVE DAYS</b> MH 1991 (Rev. 7/10) <span style="float: right;">FISCAL YEAR 2009 - 2010</span>								
COUNTY NAME:		LEGAL ENTITY			NAME:			
COUNTY CODE: 0					NUMBER:			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SDMC		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
Children EMC		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
BCCTP EMC		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
Refugees EMC		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
Healthy Families		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
<b>GRAND TOTAL</b>								
<div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <span style="border: 1px solid black; padding: 2px 5px;">HOME</span> <span style="border: 1px solid black; padding: 2px 5px;">&lt;&lt; MH1901_Schedule_B</span> <span style="border: 1px solid black; padding: 2px 5px;">MH1961 &gt;&gt;</span> </div>								

***MH 1992 INST******Identification of Funding Sources***

This form has been disabled for Fiscal Year 2009-2010.

**MH 1992****Funding Sources**

The objective of MH 1992 is to identify the types of sources of funding used to finance specific mental health program activities for each legal entity by mode of service. Funding source identifies who is paying for programs authorized by the county mental health agency.

**Column J – Total Legal Entity**

No entry. This column sums Columns A through I for each line.

**Line 1 – Gross Cost**

No entry. Column A, Line 1, is the sum of Column C, Lines 13 and 18 of MH 1960. Column B is from MH 1960, Column C, Line 17. Columns C through I, Line 1 are from Column A, Line 3 of the relevant MH 1966.

**Line 2 – Adjustment**

Enter in Columns C through I, the amounts needed to adjust legal entity costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

State of California Health and Human Services Agency										Department of Mental Health	
DETAIL COST REPORT											
<b>FUNDING SOURCES</b>											
MH 1992 (Rev. 7/07)											
County: 0											
County Code: 0											
Legal Entity: 0											
Legal Entity No.: 0											
	A	B	C	D	E	F	G	H	I	J	
	Admin/ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity	
	Direct Services/MAA										
1	Gross Cost										
2	Adjustments										
3	Adjusted Gross Cost										
											CROSSCHECKS
											OK

Legal Entities that provide services to *multiple counties and use the gross cost method to complete the cost report*, must adjust gross costs on Line 2, Columns C through I to agree with the amount received from each county for which a cost report is being submitted.<sup>2</sup>

**Line 3 – Adjusted Gross Cost**

No entry. Line 3 is equal to Line 1 plus or minus Line 2.

**Line 4 – SAMHSA Grants**

Enter revenues expended from SAMHSA grants for appropriate modes of service.

<sup>2</sup> Please see page 6 for a discussion of the gross cost method.

**Line 5 – PATH Grants**

Enter revenues expended from PATH grants for appropriate modes of service.

**Line 6 – RWJ Grants**

Enter revenues expended from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

**Line 7 – Other Grants**

Enter revenues expended from other grants not reported on Lines 4 through 6 for appropriate modes of service.

**Line 8 – Total Grants Accrued**

No entry. Lines 4 through 7 for Columns A through G are automatically populated.

**Line 9 – Patient Fees**

Enter patient fees received for appropriate treatment program modes of service.

State of California Health and Human Services Agency											Department of Mental Health	
DETAIL COST REPORT												
FUNDING SOURCES												
MH 1992 (Rev. 7/07)												
FISCAL YEAR 2009 - 2010												
County: 0												
County Code: 0												
Legal Entity: 0												
Legal Entity No.: 0												
	A	B	C	D	E	F	G	H	I	J		
	Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity		
1	Gross Cost											
2	Adjustments											
3	Adjusted Gross Cost											
	Funding Sources											
	Grants											
4	SAMHSA Grants											
5	PATH Grants											
6	RWJ Grants											
7	Other Grants											
8	Total Grants Accrued											
9	Patient Fees											
10	Patient Insurance											
11	Regular/Enhanced SD/MC (FFP only)											
12	Healthy Family - Fed share											
13	Medicare - Fed. Share											
14	Conservatorship Admin. Fees											
15	State General Fund-State Share											
16	State General Fund-County Match											
17	SGF-Managed Care - Outpatient											
18	05-06 Rollover - Managed Care-Other											
19	EPSDT SD/MC - State Share Est.											
20A	05-06 SGF Rollover											
20B	Other Revenue											
21	Realignment Funds/MOE											
22	Prior Years MHSA											
23	MHSA											
24	County Overmatch											
25	CALWORKS											
26	Total Funding Sources											
CROSSCHECKS												
OK												
OK												
OK MH1979 SD/MC MATCH												
OK MH1979 HF MATCH												
OK												
EDIT CHECKS												
Line 3 = Line 24? OK												
Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0 0												
HOME << MH1992_INST DONE!												



**Line 10 – Patient Insurance**

Enter patient insurance received for appropriate treatment program modes of service.

**Line 11 – Regular and Enhanced SD/MC (FFP Only)**

No entry. Column A is equal to the sum of Column J, Lines 6 and 18 of the MH 1979. Column B is equal to the sum of Column J, Lines 22 and 23 of the MH 1979. Column C is equal to Column E, Line 9 minus Column E line 27 of the MH 1968 multiplied by 61.59 percent; plus Column E, Line 9A minus Column E, Line 27A of the MH 1968 multiplied by 61.59 percent; plus Column E, Line 13 minus Column E, Line 28 of the MH 1968 multiplied by 65 percent; plus Column E, Line 13A multiplied by 65%; plus Column E, Line 22 minus Column E, Line 29 of the MH 1968 multiplied by 100 percent; plus Column E, Line 17 minus Column E, Line 30 of the MH 1968 multiplied by 65 percent; plus Column E, Line 17A multiplied by 65 percent; minus the amount entered on the MH 1900\_Info to adjust Medi-Cal FFP Due to Contract Limitation for Mode 05-Hospital Inpatient Services. Column D is equal to Column F, Line 9 minus Column F line 27 of the MH 1968 multiplied by 61.59 percent; plus Column F, Line 9A minus Column F, Line 27A of the MH 1968 multiplied by 61.59 percent; plus Column F, Line 13 minus Column F, Line 28 of the MH 1968 multiplied by 65 percent; plus Column F, Line 13A multiplied by 65%; plus Column F, Line 22 minus Column F, Line 29 of the MH 1968 multiplied by 100 percent; plus Column F, Line 17 minus Column F, Line 30 of the MH 1968 multiplied by 65 percent; plus Column F, Line 17A multiplied by 65 percent; minus the amount entered on the MH 1900\_Info to adjust Medi-Cal FFP Due to Contract Limitation for Mode 05-Other 24 Hour Services. Column E is equal to Column G, Line 9 minus Column G line 27 of the MH 1968 multiplied by 61.59 percent; plus Column G, Line 9A minus Column G, Line 27A of the MH 1968 multiplied by 61.59 percent; plus Column G, Line 13 minus Column G, Line 28 of the MH 1968 multiplied by 65 percent; plus Column G, Line 13A multiplied by 65%; plus Column G, Line 22 minus Column G, Line 29 of the MH 1968 multiplied by 100 percent; plus Column G, Line 17 minus Column G, Line 30 of the MH 1968 multiplied by 65 percent; plus Column G, Line 17A multiplied by 65 percent; minus the amount entered on the MH 1900\_Info to adjust Medi-Cal FFP Due to Contract Limitation for Mode 10-Day Services. Column F is equal to Column H, Line 9 minus Column H line 27 of the MH 1968 multiplied by 61.59 percent; plus Column H, Line 9A minus Column H, Line 27A of the MH 1968 multiplied by 61.59 percent; plus Column H, Line 13 minus Column H, Line 28 of the MH 1968 multiplied by 65 percent; plus Column H, Line 13A multiplied by 65%; plus Column H, Line 22 minus Column H, Line 29 of the MH 1968 multiplied by 100 percent; plus Column H, Line 17 minus Column H, Line 30 of the MH 1968 multiplied by 65 percent; plus Column H, Line 17A multiplied by 65 percent; plus Column J, Line 9 minus Column J line 27 of the MH 1968 multiplied by 61.59 percent; plus Column J, Line 9A minus Column J, Line 27A of the MH 1968 multiplied by 61.59 percent; plus Column J, Line 13 minus Column J, Line 28 of the MH 1968 multiplied by 65 percent; plus Column J, Line 13A multiplied by 65%; plus Column J, Line 22 minus Column J, Line 29 of the MH 1968 multiplied by 100 percent; plus Column J, Line 17 minus Column J, Line 30 of the MH 1968 multiplied by 65 percent; plus Column J, Line 17A multiplied by 65 percent; minus the amount entered on the MH 1900\_Info to adjust Medi-Cal FFP Due to Contract Limitation for Mode 15-Outpatient Services. Column H is equal to the sum of Column J, Lines 19, 20 and 21 of the MH 1979. Column J is equal to the sum of Columns A, B, C, D, E, F, and H.

**Line 12 – Healthy Families – Federal Share**

No entry. Column A (Administration) is equal to Column J, Line 12 of the MH 1979. Column C (Mode 05 – Hospital Inpatient) is equal to Column B, Line 31 of the MH 1979 multiplied by 65 percent plus Column B, Line 31A of the MH 1979 multiplied by 65 percent. Column D is equal to sum of Column F, Lines 37 and 37A multiplied by 65 percent. Column E is equal to the sum of Column G, Lines 37 and 37A multiplied by 65 percent. Column F is equal to the sum of Columns H and J, Lines 37 and 37A multiplied by 65 percent. Column J is equal to the sum of Columns A, C, D, E and F.

**Line 13 – Medicare – Federal Share**

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

**Line 14 – Conservator Administrative Fees**

Enter conservator administration fees received in Column I, Line 14.

**Line 15 – State General Fund – State Share**

Enter State share of State General Fund (SGF) (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2009-2010. Community Services – Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11 and 12.

**Line 16 – State General Fund – County Match**

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I, if applicable.

**Line 17 – State General Fund – Managed Care – Outpatient Mental Health Services**

Enter expenditures by modes of service for Outpatient Mental Health Services funded by FY 2009-2010 SGF – Managed Care allocation. Total amount should equal MH 1994, Lines 8 and 9 and MH 1940, Line 13, Column A.

**Line 18 – FY 2008-2009 Rollover – Managed Care – Outpatient Mental Health Services**

Enter expenditures for Outpatient Mental Health Services by modes of service, funded by rollover from FY 2008-2009 SGF – Managed Care allocation. The amount should equal MH 1994, Line 2B, amount expended on Outpatient Mental Health Services. Line 2A is inpatient hospital expenditures paid from the contingency reserves, while Line 2B is outpatient expenditures paid also from the contingency reserves.

**Line 19 – EPSDT SD/MC – State Share Estimate**

Enter estimated SGF of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) SD/MC. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 16.

**Line 20A – FY 2008-2009 SGF Rollover**

Enter by mode of service, categorical funds SGF rolled over from the previous fiscal year.

**NOTE:** Report county match for rollover that requires county share.

**Line 20B – Other Revenues**

Enter here all other revenues received and not reported on Lines 4 through 19.

**Line 21 – Realignment Funds/Maintenance of Effort**

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code § 17608.05 for each mode of service. Include realignment funds used to match FFP under the SD/MC program. Exclude realignment funding for State Hospitals and county match for SGF allocated by State Department of Mental Health.

**Line 22 – Prior Years-MHSA**

No entry. Field Shaded for FY 2009-2010.

**Line 23 – MHSA**

Enter amount expended per MHSA funding, including MHSA funds used to match FFP under the SD/MC program. This amount should equal MH 1995, Line 7.

**Line 24 – County Overmatch**

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

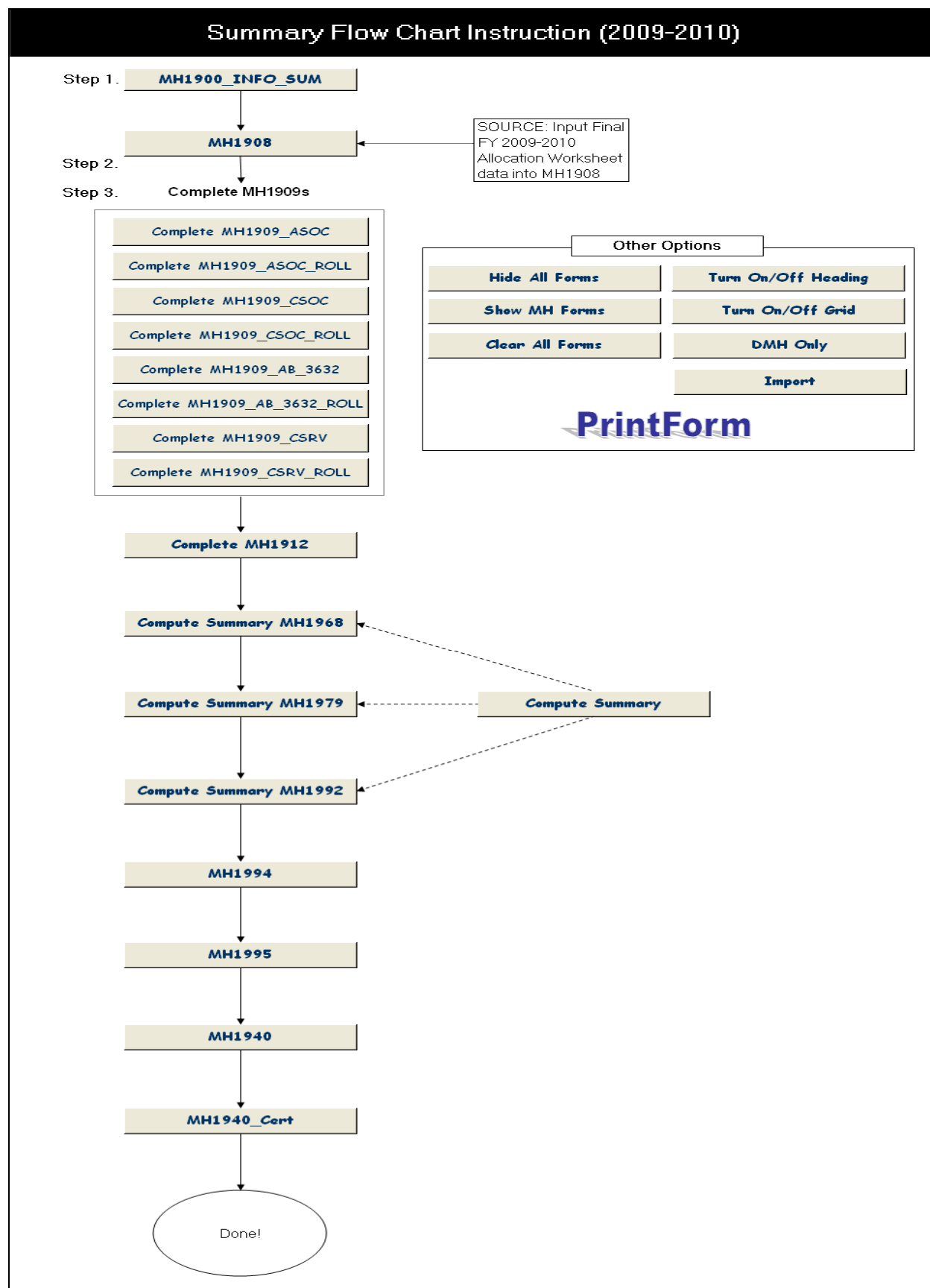
**Line 25 – CalWORKS**

Enter the county CalWORKS funds used for mental health services.

**Line 26 – Total Funding Sources**

No entry. Line 26 is equal to the sum of Lines 8 through 25 for Columns A through I. Column J, Line 26 is equal to the sum of Columns A through I. Column J, Line 26 should equal Column J, Line 3. Any difference between the two amounts should be corrected before submitting the cost report.

No text on this page..



## Summary Forms for Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1900_INFO_SUM	Information Sheet (Sample in Appendix D)
MH 1908	Supplemental State Resource Data Report final amounts for State Categorical Funds from "Final Allocation" Letter
MH 1909	Supplemental Cost Report Data by Program Category
MH 1909_SUM	Supplemental Cost Report Data by Program Category (Sample in Appendix D)
MH 1912	Supplemental Cost Report Data for Special Education Program
MH 1968_SUM	Determination of SD/MC Direct Service and MAA Reimbursement (Sample in Appendix D)
MH 1979_SUM	Summary SD/MC Preliminary Desk Settlement (Sample in Appendix D)
MH 1992_SUM	Summary Funding Sources (Sample in Appendix D)
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1995	Report of Mental Health Services Act (MHSA) Distribution and Expenditures
MH 1940 and Certification Page	Year End Cost Report Summary
MH 1979_1992_RECON	Reconciliation of MH 1979 and MH 1992 for FFP Accuracy (Sample in Appendix D)
MH_EPSDT	EPSDT Costs (Sample in Appendix D)
MHINOUT	Inpatient/Outpatient Summary (Sample in Appendix D)
MH 1992DETAIL	MH 1992 Detail (Sample in Appendix D)

**MH 1908*****Supplemental State Resource Data – Preliminary Worksheet to the MH 1909s***

The purpose of the MH 1908 Supplemental State Resource Data worksheet is to identify the final allocation amounts for each program category and to identify the prior year rollover amounts. The data entered here automatically populates the MH 1909's for each program category.

**First Table – Program and Final Allocation**

Enter county's allocation amount for each budget category from the county's Final Allocation Worksheet.

**Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation**

The first column is "Final Allocation". This column is automatically populated based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2008-2009 by fund source.



CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPLEMENTAL STATE RESOURCE DATA MH 1908 (Rev 7/10)		DEPARTMENT OF MENTAL HEALTH  Fiscal Year 2009-2010	
County: 0			
County Code: 0			

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	\$0
<i>Managed Care Subset</i>	
Mental Health Services AB 3632	
<b>TOTAL COMMUNITY SERVICES</b>	<b>\$0</b>

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION	
4440-101-0001 (1) Community Services - Other Treatment			<div style="position: relative; height: 100px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>
4440-101-0001 Adult System of Care			
4440-101-0001 (1.5) Children's Mental Health Services			
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
4440-104-0001 Mental Health Services AB 3632			<div style="position: relative; height: 40px;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black;"></div> </div>
<b>TOTAL FUND SOURCES</b>	<b>\$0</b>	<b>\$0</b>	

[Summary\\_Flow](#)

### COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table, if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:  
Cost Report FYMH 1909\_CSRV

Mental Health Services - AB3632:  
Cost Report FYMH 1909\_AB3632

Rollover FYMH 1909\_CSRV\_ROLL

Rollover FYMH 1909\_AB3632

Adult Systems of Care:

Cost Report FYMH 1909\_ASOC

Rollover FYMH 1909\_ASOC\_ROLL

Children's Mental Health Services:

Cost Report FYMH 1909\_CSOC

Rollover FYMH 1909\_CSOC\_ROLL

**MH 1909*****Supplemental Cost Report Data by Program Category***

The objective of MH 1909 is to identify State General Fund (SGF) allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category fund rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocation and should not be included in the Funding Sources portion of MH 1940.

**Lines 1, 2, 3 – County Name, FY, Submission Date**

No entry. The information is automatically populated from MH 1900\_INFO\_SUM.

**Lines 4 and 5 – Budget Category, Budget Item Number**

No entry. The information is hard coded to the individual worksheets.

**Line 6 – SGF Allocation**

No entry. This amount is automatically populated from MH 1908, second table, Final Allocation Column.

**Column A – Legal Entity Name**

No entry. Each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be automatically populated from the ‘List of Legal Entities’ on the MH 1900 Information Sheet the moment the legal entity number is entered.

**Column B – Legal Entity Number**

Enter the five-digit legal entity number assigned to the Legal Entity.

**Column C – Mode of Service**

Enter the two-digit code for the appropriate Mode of Service.

**Column D – Service Function**

Enter the two-digit code for the appropriate Service Function.

**Column E – Units of Service**

Enter the Units of Service.

**Column F – State Share of Net Cost**

For each legal entity entry, enter the amount of allocated SGF from the specified Budget Program Category expended on the units of services. Do not include amounts used as state match to FFP, which are included in Column G.



**Column J – Medi-Cal/FFP Share**

Enter the amount of SD/MC FFP (match) generated by the Budget Program Category services. Include SD/MC FFP that was matched by expenditures reported in both Column G (Medi-Cal/State Share) and Column K (Other Fund Sources). The entry on Column J must also be reported on MH 1940, Column B.

**Column K – Other Fund Sources**

Enter expenditures above the allocated SGF amount used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSTD funds, this column can be above the allocated SGF amount even if the total allocated funds have not been expended. Please add an explanation line if above the allocated SGF amount. Other funds, such as IDEA funds, should be reported in this column.



**MH 1912*****Supplemental Cost Report Data for Special Education Program (SEP)***

The objective of MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.

**Lines 1, 2, 3 – County Name, FY, Submission Date**

No entry. The information is automatically populated from MH 1900\_INFO\_SUM.

**Lines 4 and 5 – Budget Category, Budget Item Number**

No entry. No information required at this time.

**Line 6 – SGF Allocation**

No entry. No information required at this time.

**Column A – Legal Entity Name**

No entry. This field is automatically populated from the “List of Legal Entities” on MH 1900\_INFO\_SUM when the Legal Entity Number is identified in Column B.

**Column B – Legal Entity Number**

Enter the five-digit number assigned to the legal entity, regardless of funding source.

**Column C – Mode of Service**

Enter the two-digit code for the appropriate Mode of Service.

**Column D – Service Function**

Enter the two-digit code for the appropriate Service Function.

**Columns E through G – Units of Service**

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP for SEP. For Medi-Cal legal entities, the total units of service should match the SD/MC approved units of service provided to SEP clients.

**Column E – Medi-Cal Units of Service**

Enter the Medi-Cal Units of Service for the mode and service function for AB 3632 services.

**Column F – Non-Medi-Cal Units of Service**

Enter the Non-Medi-Cal Units of Service for the mode and service function for AB 3632 services.

**Column G – Total Units of Service**

No entry. This is the sum of Medi-Cal Units of Service (Column E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

**Column H –Reimbursement Rate and Cost Per Unit**

Enter on separate lines the reimbursement rate for Medi-Cal units used to determine FFP, and the cost per unit for Non-Medi-Cal units by mode and service function from the appropriate MH 1966, Lines 4 through 6.

**Column I – Medi-Cal Costs – Total**

No entry. This is equal to Medi-Cal Units of Service (Column E) multiplied by Cost Per Unit (Column H).

**Column J – Medi-Cal Costs – FFP**

Enter the Medi-Cal FFP Costs for AB 3632 services for each legal entity and service function by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically populates the MH 1940, Line 12, Column B.

**Column K – Medi-Cal Costs – County EPSDT Baseline**

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in Column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

**Column L – Medi-Cal Costs – EPSDT County Match for Growth**

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of the required ten percent county match to growth in EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.



**Column M – Medi-Cal Costs – EPSDT State General Funds**

No entry. This is automatically populated from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

**Column N – Non-Medi-Cal Costs – Total**

No entry. This is the sum of Non-Medi-Cal Units of Service (Column F) multiplied by the Cost Per Unit (Column H).

**Column O – Non-Medi-Cal Costs – County Matching Funds**

There is no match requirement in FY 2006-07 for AB 3632. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the 'Footnote' section, if this amount is included in the SB 90 claim.

**Column P – Non-Medi-Cal Costs – State General Funds**

Enter the amount of SGF used to support SEP Non-Medi-Cal Units of Service.

**Column Q – Non-Medi-Cal Costs – Other Fund Sources**

No entry. This is automatically calculated as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – SGF (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignment funds, patient fees, or any other fund source not identified in any of the other columns. A total amount for each fund source is to be provided in the 'Footnotes' section.

**Column R – Total SEP Program Costs**

No entry. This is automatically calculated as the Total Units of Service (Column G) multiplied by the Cost per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non-Medi-Cal Cost (Column N).

**NOTE:** If other categorical program funds were used to support SEP costs, an explanation in the 'Footnotes' section is required. A copy of the County SB 90 claim for SEP is to be provided to confirm that total costs are included in both documents. Documentation in the 'Footnote' section is required if no County SB 90 claim is filed for SEP.

CFRS - 104

**MH 1994*****Report of Mental Health Managed Care Allocation and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures from the Managed Care SGF allocation (4440-103-0001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

**FY 2008-2009 Rollover – Column A:****Line 1, FY 2008-2009 SGF Mental Health Contingency Reserve**

No entry. This amount automatically populated from the MH 1908 Supplemental State Resource Data sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2008-2009 not spent during that fiscal year and reserved for FY 2009-2010 (This line should be the same as the FY 2008-2009 Cost Report, MH 1994, Line 10.)

**Line 2a, FY 2008-2009 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2009-2010**

Enter FY 2008-2009 Managed Care Contingency Reserve SGF Inpatient expenditures during FY 2009-2010.

**Line 2b, FY 2008-2009 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2009-2010.**

Enter FY 2008-2009 Managed Care Contingency Reserve SGF Outpatient expenditures during FY 2009-2010.

**Line 3, SGF Mental Health Contingency Reserve**

No entry. Line 3 is equal to Line 1 minus Line 2.

**FY 2009-2010 Allocation – Column A:****Line 4, SGF Managed Care Allocation**

No entry. This line is automatically populated from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 “Community Services – Outpatient Mental Health Services for Mental Health Managed Care”.

**Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures**

No entry. This line is automatically populated from Line 3.

**Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days**

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

**Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days**

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

**Line 8, FFS/MC Expenditures Outpatient Mental Health Services**

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

**Line 9, State General Fund Expenditures Other Mental Health Services**

Enter the portion of FY 2009-2010 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

**Line 10, State General Fund Mental Health Contingency Reserve**

Enter portion of FY 2009-2010 Managed Care SGF allocation that was not expended during the FY 2009-2010 and is held as contingency reserve to be rolled over for expenditure during FY 2010-2011.

**Line 11, Unexpended/Uncommitted State General Fund Balance**

No entry. This line sums Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2009-2010 and does not intend to rollover into FY 2010-2011.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (Rev 7/10)		Fiscal Year 2009-2010
COUNTY OF:	0	
COUNTY CODE:	0	
DATE COMPLETED:		
		<b>A</b>
		State General Fund
<b>FY 2008-2009 Rollover</b>		
1)	FY 2008-2009 SGF Mental Health Contingency Reserve	0
	Less	
2a)	FY 2008-2009 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2009-2010	
	Less	
2b)	FY 2008-2009 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2009-2010	
3)	Total SGF Mental Health Contingency Reserve	0
<b>FY 2009-2010 Allocation</b>		
4)	FY 2009-2010 SGF Managed Care Allocation	0
	Plus	
5)	FY 2008-2009 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
	Less	
6)	FY 2009-2010 FFS/MC Expenditures Acute Inpatient Hospital Days	
	Less	
7)	FY 2009-2010 FFS/MC Expenditures Inpatient Hospital Administrative Days	
	Less	
8)	FY 2009-2010 FFS/MC Expenditures Outpatient Mental Health Services	
	Less	
9)	Other FY 2009-2010 State General Fund Expenditures Other Mental Health Services	
	Less	
10)	FY 2009-2010 State General Fund Mental Health Contingency Reserve	
11)	Total FY 2009-2010 Unexpended/Uncommitted State General Fund Balance	0
<b>Summary Flow</b>		

**MH 1995*****Report of Mental Health Services Act (MHSA) Distributions and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for MHSA distribution.

**Prior Years Distribution – Column A:****Line 1, Prior Years Unexpended Mental Health Services Act Balance**

Enter the FY 2008-09 unexpended Mental Health Services Act Funding. This number should equal line 8 of the MH 1995 in the FY 2008-09 Cost Report.

**Line 2, Prior Years Mental Health Services Act Expenditures**

No Entry. (Field shaded for FY 2009-2010.)

**Line 3, Prior Years Unexpended Mental Health Services Act Balance**

No entry. This line sums Lines 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended MHSA Balance.

**FY 2009-2010 Distribution – Column A:****Line 4, FY 2009-2010 Mental Health Services Act Distribution**

Enter the distribution amount received for the MHSA for FY 2009-2010. This amount should equal funds approved for distribution in FY 2009-10, whether or not the funds were not actually received until FY 2010-11.

**Line 5, FY 2009-2010 Interest Earned on Mental Health Services Act**

Enter Interest earned on MHSA Distributions for FY 2009-2010.

**Line 6, FY 2009-2010 Mental Health Services Act Balance**

No entry. This line is equal to Line 3.

**Line 7, FY 2009-2010 Mental Health Services Act Expenditures**

Enter MHSA expenditures in FY 2009-2010.

**Line 8, FY 2009-2010 Unexpended Mental Health Services Act**

No entry. Line 8 is equal to the sum of lines 4, 5, and 6 minus line 7.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
<b>REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (Rev 7/10)</b>		<b>Fiscal Year 2009-2010</b>
COUNTY OF:           0 COUNTY CODE:       0 DATE COMPLETED:		
<b><i>Prior Years Balance</i></b>		<b>A</b>
1)	Prior Years Mental Health Services Act Balance	
2)	Less Prior Years Mental Health Services Act Expenditures	
3)	<i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>	\$
<b><i>FY 2009-2010 Distribution</i></b>		
4)	FY 2009-2010 Mental Health Services Act Distribution	
5)	Plus: Interest Earned on Mental Health Services Act FY 2009-2010	
6)	Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)	\$
7)	Less FY 2009-2010 Mental Health Services Act Expenditures	
8)	<b>Total</b> FY 2009-2010 Unexpended Mental Health Services Act Funding	\$
4) Enter current year Mental Health Services Act Distribution. 5) Enter Interest Earned on Mental Health Services Act Distribution. 6) No entry, this line is picked up from line 3 above. 7) Enter the amount of Mental Health Services Act expenditures for the current year. 8) Unexpended Mental Health Services Act to be used for future periods.		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px; background-color: #f0f0f0;"> <b>Summary_Flow</b> </div>		

**MH 1940*****Year End Cost Report***

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health. MH 1940's without the appropriate signatures will be considered incomplete.

**Column A, Line 1**

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 30 plus Line 32); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 27, 27A, 28, 29, 30 and 31, for all legal entities.

**Column B, Line 1**

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 30 plus Line 32); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 27, 27A, 28, 29, 30 and 31, for all legal entities.

**Column C, Line 1**

No entry. Column C, Line 1 is equal to the sum of Columns A and B, Line 1. The amount on this line should equal the total of MH 1992, Line 3, for all legal entities.

**Column A, Line 2**

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and SGF (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16 and 17 minus match for FFP, calculated on the MH 1979 box (located in the lower right hand corner), minus MH 1968, Columns E and K, Lines 27, 27A, 28, 29, 30 and 31, all legal entities, plus amount on MH 1909, Column G, Line 8.

**NOTE:** If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

**Column B, Line 2**

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information worksheet), and (b) MH 1968, Columns E and K, Lines 27, 27A, 28, 29, 30 and 31, for all legal entities.

**Column C, Line 2**

No entry. Column C, Line 2 is equal to the sum of Columns A and B, Line 2.

**Column A, Line 3**

No entry. Column A, Line 3 is equal to Column A, Line 1 minus Column A, Line 2.

**Column B, Line 3**

No entry. Column B, Line 3 is equal to Column B, Line 1 minus Column B, Line 2.

**Column C, Line 3**

No entry. Column C, Line 3 is equal to the sum of Columns A and B, Line 3.

**Column A, Line 4**

No entry. Column A, Line 4 is equal to the county share from the MH 1909 Summary, Column I, Total No Rolls.

**Column C, Line 4**

No entry. Column C, Line 4 is equal to Column A, Line 4.

**Column A, Line 5**

No entry. Column A, Line 5 is equal to Column A, Line 3 minus Column A, Line 4.

**Column B, Line 5**

No entry. Column B, Line 5 is automatically populated from Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, for all legal entities.

**Column C, Line 5**

No entry. Column C, Line 5 is equal to the sum of Columns A and B, Line 5.

**Column A, Line 6**

No entry. Column A, Line 6 is equal to the SGF used as match for FFP from MH 1909 Summary, Column G, Total No Rolls.

**Column C, Line 6**

No entry. Column C, Line 6 is equal to Column A, Line 6.

**Column A, Line 7**

No entry. Column A, Line 7 is equal to the sum of Column A, Line 5 and Column A, Line 6.



**Column B, Line 7**

No entry. Column B, Line 7 is automatically populated from Column B, Line 5. This amount should equal the sum of MH 1992, Column J, Lines 11 and 12, for all legal entities.

**Column C, Line 7**

No entry. Column C, Line 7 is equal to the sum of Columns A and B, Line 7.

***NOTE – Instructions for Lines 9 through 13: Source documents for these figures are FY 2009-2010 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2009-2010.***

**Column A, Line 8**

No entry.

**Column A, Lines 9 through 11**

No entry. Column A, Lines 9 through 11 are automatically populated from Column H, Line 8 of the appropriate MH 1909.

**Column A, Line 12**

No entry. Column A, Line 12 is zero.

**Column A, Line 13**

No entry. Column A, Line 13 is automatically populated from Column A, Line 8 of the MH 1994, "Outpatient Mental Health Services".

**Column B, Line 8**

Enter other FFP funds not matched by SGF identified in Lines 9 through 12, Column A.

**Column B, Lines 9 through 12**

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the SGF in Column A is automatically populated from the appropriate cell on the appropriate MH 1909. The FFP difference between total FFP in Line 7, Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

**Column B, Line 13**

Justification is required for entry on this line.

**Column A, Line 14**

No entry. Column A, Line 14 is equal to Column A, Line 7.

**Column B, Line 14**

No entry. Column B, Line 14 is equal to Column B, Line 7.

**Columns A and C, Line 15**

No entry. Columns A and C, line 15 is equal to the sum of 1994, Column A, Lines 6 and 7, "FY 2009-2010 Community Services – Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient Services.

**Columns A and C, Line 16**

No entry. Columns A and C, Line 16 is automatically populated from the MH 1992, Column J, Line 19 for all legal entites, "FY 2009-2010 EPSDT SD/MC – State Share estimate."

**Column C, Lines 8 through 16**

No entry. Column C, Lines 8 through 16 equal the sum of Columns A and B, Lines 8 through 16.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY YEAR-END COST REPORT MH 1940 (Rev 7/10)		DEPARTMENT OF MENTAL HEALTH  Fiscal Year 2009-2010			
COUNTY OF:	0	FISCAL YEAR ENDING  JUNE 30, 2010			
COUNTY CODE:	0				
ADDRESS:	0 0 0				
PREPARED BY:	0	PHONE:	0	Date Completed:	
<b>NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS</b>					
	<b>A</b>	<b>B</b>	<b>C</b>		
	<b>STATE GENERAL FUND</b>	<b>M/C &amp; HF/FED SHARE</b>	<b>TOTAL</b>		
1. TOTAL EXPENDITURE	\$ 0	\$ 0	\$ 0		OK
2. LESS: REVENUE	( 0 )	( 0 )	( 0 )		
3. SUBTOTAL	0	0	0		
4. LESS: COUNTY SHARE (PER MH 1909)	( 0 )		( 0 )		
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	0	0	0		OK
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL 2)	0		0		
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 0	\$ 0	\$ 0		
<b>FUNDING SOURCES: 4440-</b>					
8. OTHER FUNDS	0	0	\$ 0		
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0		
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0		
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0		
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	0	0	0		
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	0	0	0		
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0		
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 0		\$ 0		
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0		
<b>Summary_Flow</b>		OK	OK	OK	

## **APPENDIX A**

### **Sample Detail Cost Report (County Legal Entity)**

No text this page.

DETAIL COST REPORT  
INFORMATION SHEET  
MH1900 (Rev 7/10)

FISCAL YEAR 2009 - 2010

### SECTION I: ALL LEGAL ENTITIES:

*All Legal Entities are to complete Section I.*

Name of Preparer:	Detail Dana
Date:	7/20/2010
Legal Entity Name:	County Mental Health
Legal Entity Number:	00059
County:	County
County Code:	59
Is this a County Legal Entity Report? (Y or N)	Yes <input type="button" value="v"/>
Are you reporting SD/MC? (Y or N)	Yes <input type="button" value="v"/>

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### SECTION II: COUNTY LEGAL ENTITY ONLY:

*Only County Legal Entities are to Complete Section II.*

Address:	912 Direct Cost Way Indirect Cost, CA 55555
Phone Number:	555-555-5555
County Population: Over 125,000? (Y or N):	Yes <input type="button" value="v"/>

*Contract Provider Other Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)*

Inpatient Services	
Outpatient Services	\$ 41,643

*Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement (Used to populate MH1979 Line 11A)*

Inpatient Services	
Outpatient Services	

*Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7A)*

Inpatient Services	
Outpatient Services	

**Total State Share of SD/MC Cost:** \$ 249,514

*Fee For Service - Mental Health Specialty  
Provider Numbers For Individual and Group*

Mode&SF -->

Legal Entity Number (FFS):	00F87
Psychiatrist:	7287
Psychologist:	7288
Mixed Specialty Group:	7320
RN:	
LCSW:	
MFCC (MFT):	

*Adjust Medi-Cal FFP Due to Contract Limitation  
(Used to populate MH1979 Line 22J)*

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

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State of California Health and Human Services Agency				Department of Mental Health		
DETAIL COST REPORT						
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES						
MH 1901 SCHEDULE A (Rev. 7/10)						
Entity Name: <u>County Mental Health</u>				Entity Number: <u>00059</u>		
Fiscal Year: <u>2009 - 2010</u>						
	A	B	C	D	E	F
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
<b>A. 24 - HOUR SERVICES</b>						
1 Hospital Inpatient	05	10 - 18	\$1,129.78			\$0.00
2 Hospital Administrative Day	05	19	\$361.74			\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$585.30			\$0.00
4 SNF Intensive	05	30 - 34				\$0.00
5 IMD Basic (No Patch)	05	35				\$0.00
6 IMD (With Patch)	05	36 - 39				\$0.00
7 Adult Crisis Residential	05	40 - 49	\$330.05			\$0.00
8 Jail Inpatient	05	50 - 59				\$0.00
9 Residential Other	05	60 - 64				\$0.00
10 Adult Residential	05	65 - 79	\$160.99			\$0.00
11 Semi - Supervised Living	05	80 - 84				\$0.00
12 Independent Living	05	85 - 89				\$0.00
13 MH Rehab Centers	05	90 - 94				\$0.00
<b>B. DAY SERVICES</b>						
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54			\$0.00
15 Urgent Care	10	25 - 29	\$94.54			\$0.00
16 Vocational Services	10	30 - 39				\$0.00
17 Socialization	10	40 - 49				\$0.00
18 SNF Augmentation	10	60 - 69				\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13			\$0.00
20 Full Day	10	85 - 89	\$202.43			\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08			\$0.00
22 Full Day	10	95 - 99	\$131.24			\$0.00
<b>C. OUTPATIENT SERVICES</b>						
23 Case Management, Brokerage	15	01 - 09	\$2.02	\$2.00		\$0.00
24 Mental Health Services	15	10 - 19	\$2.61	\$2.50		\$0.00
25 Mental Health Services	15	30 - 59	\$2.61	\$2.50		\$0.00
26 Medication Support	15	60 - 69	\$4.82	\$4.75		\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88	\$3.75		\$0.00
<b>D. OUTREACH SERVICES</b>						
28 Mental Health Promotion	45	10 - 19				\$0.00
29 Community Client Services	45	20 - 29				\$0.00
<b>E. MEDI-CAL ADMINISTRATIVE ACTIVITIES</b>						
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR		
31 Medi-Cal Eligibility Intake	55	04 - 06		75.00%		
32 Medi-Cal Contract Administration	55	07 - 08		80.00%		
33 MAA Coordination and Claims Administration	55	09		85.00%		
34 Referral - Crisis, Non-Open Case	55	11 - 13		75.00%		
35 MH Services Contract Administration	55	14 - 16		78.75%		
36 Discounted Mental Health Outreach	55	17 - 19				
37 SPMP Case Management, Non-Open Case	55	21 - 23				
38 SPMP Program Planning and Development	55	24 - 26				
39 SPMP MAA Training	55	27 - 29				
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41 Non-SPMP Program Planning and Development	55	35 - 39				
<b>F. SUPPORT SERVICES</b>						
42 Conservatorship Investigation	60	20 - 29				\$0.00
43 Administration	60	30 - 39				\$0.00
44 Life Support/Board & Care	60	40 - 49				\$0.00
45 Case Management Support	60	60 - 69				\$0.00
46 Client Housing Support Expenditures	60	70				\$0.00
47 Client Housing Operating Expenditures	60	71				\$0.00
48 Client Flexible Support Expenditures	60	72				\$0.00
48 Non Medi-Cal Capital Assets	60	75				\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78				\$0.00

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State of California Health and Human Services Agency  
 DETAIL COST REPORT  
**WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION**  
 MH 1901 SCHEDULE B (Rev. 7/10)

Department of Mental Health  
 FISCAL YEAR 2009 - 2010

Entity Name: County Mental Health Entity Number: 00059  
 Fiscal Year: 2009 - 2010

Settlement Types		CR - Cost Reimburse		MHA - Medi-Cal Administrative Activities	
		NR - Negotiated Rate		MHS - Mental Health Specialty	
		TBS - Therapeutic Behavioral Services		SA - Integrated Service Agency	
		ASO - Administrative Services Organization		CAW - CALWORKS Services	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	
				SOMC DATA			MEDICARE/MEDICAL CROSSOVER DATA			MEDICAL PATIENT AND OTHER PAYOR REVENUE		ENHANCED SHORT DOYLE MEDICAL DATA							HEALTHY FAMILIES (SED) DATA					
Settlement Type	Mode	SF	Total Units of Service	Units 07/01/09 - 09/30/09	Units 10/01/09 - 06/30/10	Total Units	Units 07/01/09 - 09/30/09	Units 10/01/09 - 06/30/10	Total Medicare/SDMC Crossover Units	07/01/09 - 09/30/09	10/01/09 - 06/30/10	Units 07/01/09 - 09/30/09 (Children)	Units 10/01/09 - 06/30/10 (Children)	3rd Party Revenue (Children)	Units 07/01/09 - 09/30/09 (BCC/TP)	Units 10/01/09 - 06/30/10 (BCC/TP)	3rd Party Revenue (BCC/TP)	Units (Refugees)	3rd Party Revenue (Refugees)	Units 07/01/09 - 09/30/09	Units 10/01/09 - 06/30/10	3rd Party Revenue	Non-Med-Cal Units	
1	CR	15	40	147,169	15,065	106,963	122,028														726	5,574		15,841
2	CR	15	50	2,134																				2,134
3	CR	15	60	24,025	4,719	10,374	15,084														484	3,716		4,741
4	CR	15	70	12,934	1,445	1,440	2,885																	10,049
5	CR	15	10	29,925																				29,925
6	CR	45	10	29,490																				29,490
7	CR	45	20	22,673																				22,673
8	CR	45	25	695																				695
9	CR	60	40	10																				10
10	ASO	15	30	2,187	1,108	1,051	2,159																	26
11	ASO	15	60	677	97	100	197																	480
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84																								
Totals				271,922	22,425	119,928	142,353														1,210	9,290		119,069

HOME

<< MH1901\_Schedule\_A

MH1961 >>  
MEDI-CAL  
ADJUSTMENTS TO  
COSTS

MH1962 >>  
OTHER COSTS

MH1963 >>  
PAYMENT TO  
CONTRACT PROVIDERS

MH1968 >>  
CALCULATION OF  
PROGRAM COSTS



State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
MEDICAL ADJUSTMENTS TO COSTS			
MH1961 (Rev. 7/10)			
FISCAL YEAR 2009 - 2010			
County: County			
County Code: 59			
Legal Entity: County Mental Health		A	B
Legal Entity Number: 00059		Salaries and Benefits	Other
			C
			Total Adjustments
1	Equipment Depreciation		(8,979)
2			
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20	Total Adjustments		(8,979)

Crosscheck -8,979 OK

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State of California Health and Human Services Agency				Department of Mental Health
DETAIL COST REPORT				
<b>OTHER ADJUSTMENTS</b>				
MH 1962 (Rev. 7/10)				
FISCAL YEAR 2009 - 2010				
<div style="display: flex; justify-content: space-between;"> <span>County: County</span> <span>County Code: 59</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Legal Entity: County Mental Health</span> <span>A</span> <span>B</span> <span>C</span> </div>				
<div style="display: flex; justify-content: space-between;"> <span>Legal Entity Number: 00059</span> <span>Salaries and Benefits</span> <span>Other</span> <span>Total Adjustments</span> </div>				
1	Alcohol and Drug	(1,500,000)	(500,000)	(2,000,000)
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20	<b>Total Adjustments</b>	(1,500,000)	(500,000)	(2,000,000)
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> <span>HOME</span> <span>&lt;&lt; MH1901_Schedule_B</span> <span>&lt;&lt; MH1961</span> <span>MH1963 &gt;&gt;</span> <span>MH1960 &gt;&gt;</span> </div> <div style="text-align: right;"> <p><b>Crosscheck</b> -2,000,000    <b>OK</b></p> </div> </div>				

State of California Health and Human Services Agency			Department of Mental Health	
DETAIL COST REPORT				
PAYMENTS TO CONTRACT PROVIDERS				
MH 1963 (Rev. 7/10)				
FISCAL YEAR 2009 - 2010				
County: County County Code: 59				
A	B	C	D	E
Item	Legal Entity Name	Legal Entity Number	Amount Paid	Medi-Cal Payments
1	Children's Mental Health Network	05832	203,949	128,008
2	Mental Health Foundation, Inc.	06325	88,141	
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Total Payments to Contract Providers			292,090	128,008
<a href="#">HOME</a>		<a href="#">MH1960 &gt;&gt;</a>		<a href="#">Add Line Items</a>

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
CALCULATION OF PROGRAM COSTS			
MH 1960 (Rev. 7/10)		FISCAL YEAR 2009 - 2010	
County: County			
County Code: 59			
Legal Entity: County Mental Health		A	B
Legal Entity Number: 00059		Salaries and Benefits	Other
			Total Costs
1	Mental Health Expenditures	3,057,615	4,527,536
2	Encumbrances		
3	Less: Payments to Contract Providers (County Only)		(292,090)
4	Other Adjustments from MH 1962	(1,500,000)	(2,000,000)
5	Total Costs Before Medi-Cal Adjustments	1,557,615	2,235,446
6	Medi-Cal Adjustments from MH 1961		(8,979)
7	Managed Care Consolidation (County Only)		
8	Allowable Costs for Allocation		2,226,467
Administrative Costs (County Only)			
9	SD/MC Administration - Other		288,400
10	M-CHIP Administration		
11	Healthy Families Administration		19,890
12	Non-SD/MC Administration		188,952
13	Total Administrative Costs		497,242
Utilization Review Costs (County Only)			
14	Skilled Professional Medical Personnel		91,251
15	Other SD/MC Utilization Review		59,786
16	Non-SD/MC Utilization Review		6,293
17	Total Utilization Review Costs		157,330
18	Research and Evaluation (County Only)		
19	Mode Costs (Direct Service and MAA)		1,571,895
20	Total Costs - Lines 9 through 18		2,226,467
HOME		MH1901_Schedule_C >>	<< MH1961
		<< MH1962	<< MH1963

<b>Crosscheck</b>		
1,571,895	OK	
2,226,467	OK	



State of California Health and Human Services Agency						Department of Mental Health		
DETAIL COST REPORT								
SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE								
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION								
MH 1901 SCHEDULE C (Rev. 7/10)						FISCAL YEAR 2009 - 2010		
Entity Name: <u>County Mental Health</u>				Entity Number: <u>00059</u>				
Fiscal Year: <u>2009 - 2010</u>								
Allocation <input type="radio"/> Rate for Allocation <input type="radio"/> SMA Rate <input type="radio"/> Published Charges <input checked="" type="radio"/> Directly Allocated				<b>COSTS TO BE ALLOCATED</b> Allowable Mode Costs (MH1960 Line 18, Col. C) <span style="float: right;">1,571,895</span>				
A	B	C	D	E	F	G	H	I
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis	Relative Value	Allocation %	Allocated Cost
1	CR	15	40	147,169	598,137	N/A	38.19%	598,137
2	CR	15	50	2,134	13,938	N/A	0.89%	13,938
3	CR	15	60	24,025	233,067	N/A	14.88%	233,067
4	CR	15	70	12,934	106,821	N/A	6.82%	106,821
5	CR	15	10	29,928	254,360	N/A	16.24%	254,360
6	CR	45	10	29,490	158,157	N/A	10.10%	158,157
7	CR	45	20	22,673	178,347	N/A	11.39%	178,347
8	CR	45	25	695	4,761	N/A	0.30%	4,761
9	CR	60	40	10	18,432	N/A	1.18%	18,432
10	ASO	15	30	2,187	3,871			3,871
11	ASO	15	60	677	2,004			2,004
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Totals				271,922	5,875	1,566,020	100%	1,571,895
<div style="display: flex; justify-content: space-between; align-items: center;"> <span>HOME</span> <span>&lt;&lt; MH1960</span> <span>MH1969_INST &gt;&gt;</span> </div>								
Summary								
Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost				
5 10-19		0.00%	15 Program_2	TBS				
5 Other		0.00%		ASO	5,875			
10		0.00%		MHS				
15 Program_1	1,206,323	77.03%		Total	5,875			
45	341,265	21.79%						
55		0.00%						
60	18,432	1.18%						
Total	1,566,020	100.00%						

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
<b>ALLOCATION OF COSTS TO MODES OF SERVICE</b>		FISCAL YEAR 2009 - 2010
MH 1964 (Rev. 7/10)		
<div style="text-align: center;">             County: County              County Code: 59           </div>		
Legal Entity: County Mental Health		A
Legal Entity Number: 00059		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,571,895
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	1,212,198
6	Outreach Services (Mode 45)	341,265
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	18,432
9	Total - Lines 2 through 8	1,571,895
<div style="background-color: #f0f0f0; display: inline-block; padding: 5px 20px; border: 1px solid black;">HOME</div>		

Crosscheck  
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State of California Health and Human Services Agency				Department of Mental Health					
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL									
MH 1966 (Rev. 7/10)				PAGE 1 OF 1					
				FISCAL YEAR 2009 - 2010					
County: County				CR	CR	CR	CR	CR	
County Code: 59				B	C	D	E	F	G
Legal Entity: County Mental Health				Service	Service	Service	Service	Service	Service
Legal Entity Number: 00059				Function	Function	Function	Function	Function	Function
Mode: 15 - Outpatient Services (Program 1)									
				A	B	C	D	E	F
				Mode Total	Service	Service	Service	Service	Service
					Function	Function	Function	Function	Function
					40	50	60	70	10
1	Allocation Percentage			100.00%	49.58%	1.16%	19.32%	8.86%	21.09%
2	Total Units				147,169	2,134	24,025	12,934	29,928
3	Gross Cost			1,206,323	598,137	13,938	233,067	106,821	254,360
4	Cost per Unit				4.06	6.53	9.70	8.26	8.50
5	SMA per Unit				2.61	2.61	4.82	3.88	2.61
6	Published Charge per Unit				2.50	2.50	4.75	3.75	2.50
7	Medi-Cal Units	07/01/09 - 09/30/09			15,065		4,710	1,445	
7A		10/01/09 - 06/30/10			106,963		10,374	1,440	
8	Medicare/Medi-Cal Crossover Units	07/01/09 - 09/30/09							
8A		10/01/09 - 06/30/10							
9	Enhanced SD/MC (Children) Units	07/01/09 - 09/30/09							
9A		10/01/09 - 06/30/10							
9B	Enhanced SD/MC (Refugees) Units	07/01/09 - 06/30/10							
10	Breast & Cervical Cancer Treatment & Prevention	07/01/09 - 09/30/09							
10A	Breast & Cervical Cancer Treatment & Prevention	10/01/09 - 06/30/10							
11	Healthy Families (SED) Units	07/01/09 - 09/30/09			726		484		
11A		10/01/09 - 06/30/10			5,574		3,716		
12	Non-Medi-Cal Units				18,841	2,134	4,741	10,049	29,928
13	Medi-Cal Costs	07/01/09 - 09/30/09			118,854	61,228	45,692	11,934	
13A		10/01/09 - 06/30/10			547,260	434,728	100,638	11,893	
14	Medi-Cal SMA Upper Limits	07/01/09 - 09/30/09			67,628	39,320	22,702	5,607	
14A		10/01/09 - 06/30/10			334,763	279,173	50,003	5,587	
15	Medi-Cal Published Charges	07/01/09 - 09/30/09			65,454	37,663	22,373	5,419	
15A		10/01/09 - 06/30/10			322,084	267,408	49,277	5,400	
16	Medicare/Medi-Cal Crossover Costs	07/01/09 - 09/30/09							
16A		10/01/09 - 06/30/10							
17	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/09 - 09/30/09							
17A		10/01/09 - 06/30/10							
18	Medicare/Medi-Cal Crossover Published Charges	07/01/09 - 09/30/09							
18A		10/01/09 - 06/30/10							
19	Enhanced SD/MC Costs	07/01/09 - 09/30/09							
19A		10/01/09 - 06/30/10							
20	Enhanced SD/MC SMA Upper Limits	07/01/09 - 09/30/09							
20A		10/01/09 - 06/30/10							
21	Enhanced SD/MC Published Charges	07/01/09 - 09/30/09							
21A		10/01/09 - 06/30/10							
22	Enhanced SD/MC (Refugees) Costs	07/01/09 - 06/30/10							
23	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/09 - 06/30/10							
24	Enhanced SD/MC (Refugees) Published Charges	07/01/09 - 06/30/10							
25	BCCTP Costs	07/01/09 - 09/30/09							
25A	BCCTP Costs	10/01/09 - 06/30/10							
26	BCCTP SMA Upper Limits	07/01/09 - 09/30/09							
26A	BCCTP SMA Upper Limits	10/01/09 - 06/30/10							
27	BCCTP Published Charges	07/01/09 - 09/30/09							
27A	BCCTP Published Charges	10/01/09 - 06/30/10							
28	Healthy Families Costs	07/01/09 - 09/30/09			7,646	2,951	4,695		
28A		10/01/09 - 06/30/10			58,703	22,654	36,049		
29	Healthy Families SMA Upper Limits	07/01/09 - 09/30/09			4,228	1,895	2,333		
29A		10/01/09 - 06/30/10			32,459	14,548	17,911		
30	Healthy Families Published Charges	07/01/09 - 09/30/09			4,114	1,815	2,299		
30A		10/01/09 - 06/30/10			31,586	13,935	17,651		
31	Non-Medi-Cal Costs				473,860	76,575	13,938	45,993	82,994
								254,360	



State of California Health and Human Services Agency				Department of Mental Health				
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 7/10)				PAGE 1 OF 1				
				FISCAL YEAR 2009 - 2010				
County: County								
County Code: 59								
Legal Entity: County Mental Health								
Legal Entity Number: 00059								
Mode: 15 - Outpatient Services (Program 2)								
		A	ASO	ASO	D	E	F	G
		Mode Total	B Service Function	C Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage	100.00%	30	60				
2	Total Units		65.89%	34.11%				
3	Gross Cost	5,875	2,187	677				
4	Cost per Unit		3,871	2,004				
5	SMA per Unit		1.77	2.96				
6	Published Charge per Unit		2.61	4.82				
7	Medi-Cal Units		1,108	97				
7A	Medi-Cal Units		1,051	100				
8	Medicare/Medi-Cal Crossover Units							
8A	Medicare/Medi-Cal Crossover Units							
9	Enhanced SD/MC Units							
9A	Enhanced SD/MC Units							
9B	Enhanced SD/MC (Refugees) Units							
10	Breast & Cervical Cancer Treatment & Prevention							
10A	Breast & Cervical Cancer Treatment & Prevention							
11	Healthy Families (SED) Units							
11A	Healthy Families (SED) Units							
12	Non-Medi-Cal Units		28	480				
13	Medi-Cal Costs		2,248	1,961	287			
13A	Medi-Cal Costs		2,156	1,860	296			
14	Medi-Cal SMA Upper Limits		3,359	2,892	468			
14A	Medi-Cal SMA Upper Limits		3,225	2,743	482			
15	Medi-Cal Published Charges							
15A	Medi-Cal Published Charges							
16	Medicare/Medi-Cal Crossover Costs							
16A	Medicare/Medi-Cal Crossover Costs							
17	Medicare/Medi-Cal Crossover SMA Upper Limits							
17A	Medicare/Medi-Cal Crossover SMA Upper Limits							
18	Medicare/Medi-Cal Crossover Published Charges							
18A	Medicare/Medi-Cal Crossover Published Charges							
19	Enhanced SD/MC Costs							
19A	Enhanced SD/MC Costs							
20	Enhanced SD/MC SMA Upper Limits							
20A	Enhanced SD/MC SMA Upper Limits							
21	Enhanced SD/MC Published Charges							
21A	Enhanced SD/MC Published Charges							
22	Enhanced SD/MC (Refugees) Costs							
23	Enhanced SD/MC (Refugees) SMA Upper Limits							
24	Enhanced SD/MC (Refugees) Published Charges							
25	BCCTP Costs							
25A	BCCTP Costs							
26	BCCTP SMA Upper Limits							
26A	BCCTP SMA Upper Limits							
27	BCCTP Published Charges							
27A	BCCTP Published Charges							
28	Healthy Families Costs							
28A	Healthy Families Costs							
29	Healthy Families SMA Upper Limits							
29A	Healthy Families SMA Upper Limits							
30	Healthy Families Published Charges							
30A	Healthy Families Published Charges							
31	Non-Medi-Cal Costs	1,470	50	1,421				

State of California Health and Human Services Agency		Department of Mental Health					
DETAIL COST REPORT							
ALLOCATION OF COSTS TO SERVICE							
FUNCTIONS - MODE TOTAL							
MH 1966 (Rev. 7/10)							
PAGE 1 OF 1							
FISCAL YEAR 2009 - 2010							
County: County		CR	CR	CR			
County Code: 59							
Legal Entity: County Mental Health		A	B	C	D	E	F
Legal Entity Number: 00059			Service	Service	Service	Service	Service
Mode: 45 - Outreach Services		Mode Total	Function	Function	Function	Function	Function
			10	20	25		
1	Allocation Percentage	100.00%	46.34%	52.26%	1.40%		
2	Total Units		29,490	22,673	695		
3	Gross Cost	341,265	158,157	178,347	4,761		
4	Cost per Unit		5.36	7.87	6.85		
5	Non-Medi-Cal Units		29,490	22,673	695		
6	Non-Medi-Cal Costs	341,265	158,157	178,347	4,761		

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 7/10)								
PAGE 1 OF 1								
FISCAL YEAR 2009 - 2010								
County: County		CR						
County Code: 59								
Legal Entity: County Mental Health		A	B	C	D	E	F	G
Legal Entity Number: 00059			Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support Services		Mode Total	40					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		10					
3	Gross Cost	18,432	18,432					
4	Cost per Unit		1,843.20					
5	Non-Medi-Cal Units (Same as Line 2)		10					
6	Non-Medi-Cal Costs (Same as Line 3)	18,432	18,432					

State of California Health and Human Services Agency										Department of Mental Health			
DETAIL COST REPORT													
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT													
MH 1968 (Rev. 7/10)													
FISCAL YEAR 2009 - 2010													
County: County County Code: 59			REIMBURSEMENT TYPE				PC		PC		Costs		
Legal Entity: County Mental Health			A	B	C	D	E	F	G	H	I	J	K
Legal Entity Number: 00059			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/09 - 09/30/09											
1A		10/01/09 - 06/30/10								118,854	118,854	2,248	121,103
2	Medi-Cal SMA	07/01/09 - 09/30/09								547,260	547,260	2,156	549,416
2A		10/01/09 - 06/30/10								67,628	67,628	3,359	70,988
3	Medi-Cal P. C.	07/01/09 - 09/30/09								334,763	334,763	3,225	337,988
3A		10/01/09 - 06/30/10								65,454	65,454		65,454
4	Medi-Cal Gross Reimbursement	07/01/09 - 09/30/09								322,084	322,084	2,156	324,240
4A		10/01/09 - 06/30/10								65,454	65,454	2,248	67,702
5	Medicare/Medi-Cal Crossover Cost	07/01/09 - 09/30/09											
5A		10/01/09 - 06/30/10											
6	Medicare/Medi-Cal Crossover SMA	07/01/09 - 09/30/09											
6A		10/01/09 - 06/30/10											
7	Medicare/Medi-Cal Crossover P. C.	07/01/09 - 09/30/09											
7A		10/01/09 - 06/30/10											
8	Medicare/Medi-Cal Crossover Gross Reim.	07/01/09 - 09/30/09											
8A		10/01/09 - 06/30/10											
9	Total SD/MC + Crossover Gross Reim.	07/01/09 - 09/30/09								65,454	65,454	2,248	67,702
9A		10/01/09 - 06/30/10								322,084	322,084	2,156	324,240
10	Enhanced SD/MC (Children) Cost	07/01/09 - 09/30/09											
10A		10/01/09 - 06/30/10											
11	Enhanced SD/MC (Children) SMA	07/01/09 - 09/30/09											
11A		10/01/09 - 06/30/10											
12	Enhanced SD/MC (Children) P. C.	07/01/09 - 09/30/09											
12A		10/01/09 - 06/30/10											
13	Enhanced SD/MC (Children) Gross Reim.	07/01/09 - 09/30/09											
13A		10/01/09 - 06/30/10											
14	Enhanced SD/MC (BCCTP) Cost	07/01/09 - 09/30/09											
14A		10/01/09 - 06/30/10											
15	Enhanced SD/MC (BCCTP) SMA	07/01/09 - 09/30/09											
15A		10/01/09 - 06/30/10											
16	Enhanced SD/MC (BCCTP) P. C.	07/01/09 - 09/30/09											
16A		10/01/09 - 06/30/10											
17	Enhanced SD/MC (BCCTP) Gross Reim.	07/01/09 - 09/30/09											
17A		10/01/09 - 06/30/10											
18	Enhanced SD/MC (Refugees) Cost	07/01/09 - 06/30/10											
19	Enhanced SD/MC (Refugees) SMA	07/01/09 - 09/30/09											
20	Enhanced SD/MC (Refugees) P. C.	07/01/09 - 06/30/10											
20A	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/09 - 09/30/09								65,454	65,454	2,248	67,702
20A		10/01/09 - 06/30/10								322,084	322,084	2,156	324,240
21	Enhanced SD/MC (Refugees) Gross Reim.	07/01/09 - 06/30/10											
22	Healthy Families Cost	07/01/09 - 09/30/09								7,646	7,646		7,646
22A		10/01/09 - 06/30/10								58,703	58,703		58,703
23	Healthy Families SMA	07/01/09 - 09/30/09								4,228	4,228		4,228
23A		10/01/09 - 06/30/10								32,459	32,459		32,459
24	Healthy Families P. C.	07/01/09 - 09/30/09								4,114	4,114		4,114
24A		10/01/09 - 06/30/10								31,586	31,586		31,586
25	Healthy Families Gross Reim.	07/01/09 - 09/30/09								4,114	4,114		4,114
25A		10/01/09 - 06/30/10								31,586	31,586		31,586
26	Less: Patient and Other Payor Revenue												
27	SD/MC + Crossover Revenue	07/01/09 - 09/30/09											
27A		10/01/09 - 06/30/10											
28	Enhanced SD/MC (Children) Revenue												
29	Enhanced SD/MC (Refugees) Revenue												
30	Enhanced SD/MC (BCCTP) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/09 - 09/30/09								65,454	65,454	2,248	67,702
35A		10/01/09 - 06/30/10								322,084	322,084	2,156	324,240
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/09 - 09/30/09								4,114	4,114		4,114
37A		10/01/09 - 06/30/10								31,586	31,586		31,586

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State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
SD/MC PRELIMINARY DESK SETTLEMENT											
MH 1979 (Rev. 7/10)											
FISCAL YEAR 2009 - 2010											
County: Test County County Code: 59											
Legal Entity: County Mental Health											
Legal Entity Number: 00059											
	A	B	C	D	E	F	G	H	I	J	
	Total	Total	Total	Total	50.00%	61.59%	61.59%	Variable %	75.00%	Total	
	MAA	Inpatient	Outpatient		FFP	FFP	FFP	FFP	FFP	FFP	
SD/MC Other Administrative Reimbursement (County Only)											
1 County SD/MC Other Direct Service Gross Reimbursement		203,170	8,104,594	8,307,764							
2 Contract Providers Other Medi-Cal Direct Service Gross Reimbursement											
3 Total Medi-Cal Direct Service Gross Reimbursement				8,307,764							
4 Medi-Cal Administrative Reimbursement Limit				1,246,165							
5 Medi-Cal Administration				700,000							
6 Medi-Cal Administrative Reimbursement				700,000	350,000					350,000	
Healthy Families Administrative Reimbursement (County Only)											
7 County Healthy Families Direct Service Gross Reimbursement			221,190	221,190							
8 Contract Providers Healthy Families Direct Service Gross Reim.											
9 Total Healthy Families Direct Service Gross Reimbursement				221,190							
10 Healthy Families Administrative Reimbursement Limit				22,119							
11 Healthy Families Administration				50,000							
12 Healthy Families Administrative Reimbursement				22,119				14,377		14,377	
SD/MC Enhanced (Children) Administrative Reimbursement (County Only)											
13 County SD/MC Enhanced (Children) Direct Service Gross Reimbursement		23,088	6,264	29,351							
14 Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reim.											
15 Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement				29,351							
16 SD/MC Enhanced (Children) Administrative Reimbursement Limit				4,403							
17 SD/MC Enhanced (Children) Administration				100,000							
18 SD/MC Enhanced (Children) Administrative Reimbursement				4,403	2,201					2,201	
SD/MC Net Reimbursement for MAA											
19 Medi-Cal Admin. Activities Svc Functions 01 - 09	47,000			47,000	23,500					23,500	
20 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
21 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)	45,675			45,675					34,256	34,256	
22 Utilization Review-Skilled Prof. Med. Personnel (County Only)				190,000					73,000	73,000	
23 Other SD/MC Utilization Review (County Only)				80,000	40,000					40,000	
24 SD/MC Net Reimbursement for Direct Services		138,525	4,710,847	4,849,372		2,986,728				2,986,728	
24A 07/01/09 - 09/30/09											
25 10/01/09 - 06/30/10		54,645	3,373,174	3,427,819			2,111,194			2,111,194	
25A Enhanced SD/MC Net Reimb. (Children)											
26 07/01/09 - 09/30/09											
26A 10/01/09 - 06/30/10		23,088	6,264	29,351				19,078		19,078	
27 Enhanced SD/MC Net Reimb. (BOCTP)											
28 07/01/09 - 06/30/10			47	47				30		30	
29 10/01/09 - 06/30/10			70	70				46		46	
30 Enhanced SD/MC Net Reimb. (Refugees)			456	456				456		456	
31 Total SD/MC Reimbursement Before Excess FFP										5,642,490	
32 Contract Limitation Adjustment											
33 Adjusted Total SD/MC Reimbursement (FFP)										5,642,490	
34 Healthy Families Net Reimbursement			221,190	221,190				143,774		143,774	
35 07/01/09 - 09/30/09											
36 10/01/09 - 06/30/10											
37 Total Healthy Families Reimbursement										158,151	

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	350,000
Line 12: Column D minus Column H	7,742
Line 18: Column D minus Column E	2,201
Line 19: Column D minus Column E	23,500
Line 20: Column D minus Column E	
Line 21: Column D minus Column I	11,419
Line 22: Column D minus Column I	25,000
Line 23: Column D minus Column E	40,000
Line 24: Column D minus Column F	1,862,644
Line 24A: Column D minus Column G	1,316,625
Line 25: Column D minus Column H	
Line 25A: Column D minus Column H	10,273
Line 26: Column D minus Column H	16
Line 26A: Column D minus Column H	25
Line 27: Column D minus Column H	
Line 31: Column D minus Column H	77,417
Line 31A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	3,726,861

State of California Health and Human Services Agency

Department of Mental Health

## DETAIL COST REPORT

**FUNDING SOURCES**

MH 1992 (Rev. 7/10)

FISCAL YEAR 2009 - 2010

County: County  
County Code: 59

Legal Entity: County Mental Health Legal Entity No.: 00059		A	B	C	D	E	F	G	H	I	J
		Admin/ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
		Direct Services/MAA									
1	Gross Cost	497,242	157,330				1,212,198	341,265		18,432	2,226,467
2	Adjustments										
3	Adjusted Gross Cost	497,242	157,330				1,212,198	341,265		18,432	2,226,467
Funding Sources											
Grants											
4	SAMHSA Grants						10,018				10,018
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued						10,018				10,018
9	Patient Fees						26,973				26,973
10	Patient Insurance						18,189				18,189
11	Regular/Enhanced SD/MC (FFP only)	32,519	98,331				241,397				372,247
12	Healthy Family - Fed share	2,321					23,205				25,526
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share										
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient						5,875				5,875
18	05-06 Rollover - Managed Care-Other						121,164				121,164
19	EPSDT SD/MC - State Share Est.						95,684				95,684
20A	05-06 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE	462,403	58,999				655,651			18,432	1,195,485
22	Prior Years MHSA										
23	MHSA						177	341,265			341,442
24	County Overmatch										
25	CALWORKS						13,865				13,865
26	Total Funding Sources	497,242	157,330				1,212,198	341,265		18,432	2,226,468

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH

OK MH1979 HF MATCH

OK

## EDIT CHECKS

Line 3 = Line 24? OK  
Amt. to Balance to Line 3:

OK

OK

OK

OK

OK

OK

OK

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OK

OK

1

HOME

&lt;&lt; MH1992\_INST

DONE!

State of California Health and Human Services Agency					Department of Mental Health			
DETAIL COST REPORT <b>CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2006 - 2007 HOSPITAL ADMINISTRATIVE DAYS</b> MH 1991 (Rev. 7/10) <span style="float: right;">FISCAL YEAR 2009 - 2010</span>								
COUNTY NAME: <u>County</u>		LEGAL ENTITY			NAME: <b>County Mental Health</b>			
COUNTY CODE: 59					NUMBER: 00059			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
<b>SD/MC</b>		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
<b>Children EMC</b>		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
<b>BCCTP EMC</b>		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
<b>Refugees EMC</b>		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
<b>Healthy Families</b>		\$351.26	07/01/09 - 07/31/09					
		\$351.26	08/01/09 - 09/30/09					
		\$351.26	10/01/09 - 02/23/10					
		\$381.37	02/24/10 - 06/30/10					
							Sub Total:	
<b>GRAND TOTAL</b>								
<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">HOME</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">&lt;&lt; MH1901_Schedule_B</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #f0f0f0;">MH1961 &gt;&gt;</span> </div>								

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## **APPENDIX B**

### **Sample Detail Cost Report (Contract Provider Legal Entity With Medi-Cal)**

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State of California Health and Human Services Agency		Department of Mental Health
<b>DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev 7/10)</b>		FISCAL YEAR 2009 - 2010
<b>SECTION I: ALL LEGAL ENTITIES:</b> <i>All Legal Entities are to complete Section I.</i>		
Name of Preparer:	Danny Detail	
Date:	7/20/2010	
Legal Entity Name:	Children's Mental Health Network	
Legal Entity Number:	05832	
County:	Test County	
County Code:	59	
Is this a County Legal Entity Report? (Y or N)	No	▼
Are you reporting SD/MC? (Y or N)	Yes	▼
<div style="display: flex; justify-content: space-between;"> <span><a href="#">HOME</a></span> <span><a href="#">MH1901_Schedule_A &gt;&gt;</a></span> </div>		
<b>SECTION II: COUNTY LEGAL ENTITY ONLY:</b> <i>Only County Legal Entities are to Complete Section II.</i>		
Address:		
Phone Number:		
County Population: Over 125,000? (Y or N):	Yes	▼
<i>Contract Provider Other Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)</i>		
Inpatient Services		
Outpatient Services		
<i>Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement (Used to populate MH1979 Line 11A)</i>		
Inpatient Services		
Outpatient Services		
<i>Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7A)</i>		
Inpatient Services		
Outpatient Services		
Total State Share of SD/MC Cost:	\$	15,995
<i>Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group</i>		
		Mode&SF -->
Legal Entity Number (FFS):		
Psychiatrist:		
Psychologist:		
Mixed Specialty Group:		
RN:		
LCSW:		
MFCC (MFT):		
<i>Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)</i>		
Mode 05 - Hospital Inpatient Services		
Mode 05 - Other 24 Hour Services		
Mode 10 - Day Services		
Mode 15 - Outpatient Services		
Contract Limitation Adjustment Total	\$	-
<div style="display: flex; justify-content: space-between;"> <span><a href="#">HOME</a></span> <span><a href="#">MH1901_Schedule_A &gt;&gt;</a></span> </div>		

State of California Health and Human Services Agency				Department of Mental Health		
DETAIL COST REPORT						
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES						
MH 1901 SCHEDULE A (Rev. 7/10)						
FISCAL YEAR 2009 - 2010						
Entity Name: <u>Children's Mental Health Network</u>				Entity Number: <u>05832</u>		
Fiscal Year: <u>2009 - 2010</u>						
	A	B	C	D	E	F
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
<b>A. 24 - HOUR SERVICES</b>						
1 Hospital Inpatient	05	10 - 18	\$1,129.78			\$0.00
2 Hospital Administrative Day	05	19	\$361.74			\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$585.30			\$0.00
4 SNF Intensive	05	30 - 34				\$0.00
5 IMD Basic (No Patch)	05	35				\$0.00
6 IMD (With Patch)	05	36 - 39				\$0.00
7 Adult Crisis Residential	05	40 - 49	\$330.05			\$0.00
8 Jail Inpatient	05	50 - 59				\$0.00
9 Residential Other	05	60 - 64				\$0.00
10 Adult Residential	05	65 - 79	\$160.99			\$0.00
11 Semi - Supervised Living	05	80 - 84				\$0.00
12 Independent Living	05	85 - 89				\$0.00
13 MH Rehab Centers	05	90 - 94				\$0.00
<b>B. DAY SERVICES</b>						
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54			\$0.00
15 Urgent Care	10	25 - 29	\$94.54			\$0.00
16 Vocational Services	10	30 - 39				\$0.00
17 Socialization	10	40 - 49				\$0.00
18 SNF Augmentation	10	60 - 69				\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13			\$0.00
20 Full Day	10	85 - 89	\$202.43			\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08			\$0.00
22 Full Day	10	95 - 99	\$131.24			\$0.00
<b>C. OUTPATIENT SERVICES</b>						
23 Case Management, Brokerage	15	01 - 09	\$2.02	\$2.02		\$0.00
24 Mental Health Services	15	10 - 19	\$2.61	\$2.61		\$0.00
25 Mental Health Services	15	30 - 59	\$2.61	\$2.61		\$0.00
26 Medication Support	15	60 - 69	\$4.82	\$4.82		\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88	\$3.88		\$0.00
<b>D. OUTREACH SERVICES</b>						
28 Mental Health Promotion	45	10 - 19				\$0.00
29 Community Client Services	45	20 - 29				\$0.00
<b>E. MEDI-CAL ADMINISTRATIVE ACTIVITIES</b>						
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR		
31 Medi-Cal Eligibility Intake	55	04 - 06				
32 Medi-Cal Contract Administration	55	07 - 08				
33 MAA Coordination and Claims Administration	55	09				
34 Referral - Crisis, Non-Open Case	55	11 - 13				
35 MH Services Contract Administration	55	14 - 16				
36 Discounted Mental Health Outreach	55	17 - 19				
37 SPMP Case Management, Non-Open Case	55	21 - 23				
38 SPMP Program Planning and Development	55	24 - 26				
39 SPMP MAA Training	55	27 - 29				
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41 Non-SPMP Program Planning and Development	55	35 - 39				
<b>F. SUPPORT SERVICES</b>						
42 Conservatorship Investigation	60	20 - 29				\$0.00
43 Administration	60	30 - 39				\$0.00
44 Life Support/Board & Care	60	40 - 49				\$0.00
45 Case Management Support	60	60 - 69				\$0.00
46 Client Housing Support Expenditures	60	70				\$0.00
47 Client Housing Operating Expenditures	60	71				\$0.00
48 Client Flexible Support Expenditures	60	72				\$0.00
48 Non Medi-Cal Capital Assets	60	75				\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78				\$0.00

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[MH1901\\_Schedule\\_B >>](#)

CFRS Appendix B - 3

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
<b>MEDI-CAL ADJUSTMENTS TO COSTS</b>			
MH 1961 (Rev. 7/10)			
FISCAL YEAR 2009 - 2010			
County: Test County			
County Code: 59			
Legal Entity: Children's Mental Health Network			
Legal Entity Number: 05832			
	A	B	C
	Salaries and Benefits	Other	Total Adjustments
1	Depreciation Expense	(10,000)	(10,000)
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	<b>Total Adjustments</b>	(10,000)	(10,000)
<div style="text-align: right;"> <b>Crosscheck</b>            -10,000      <b>OK</b> </div>			
<div style="display: flex; justify-content: space-between; padding: 5px;"> <span><a href="#">HOME</a></span> <span><a href="#">&lt;&lt; MH1901_Schedule_B</a></span> <span><a href="#">&lt;&lt; MH1991</a></span> <span><a href="#">MH1962 &gt;&gt;</a></span> <span><a href="#">MH1960 &gt;&gt;</a></span> </div>			

State of California Health and Human Services Agency				Department of Mental Health	
DETAIL COST REPORT					
CALCULATION OF PROGRAM COSTS					
MH 1960 (Rev. 7/10)				FISCAL YEAR 2009 - 2010	
<div style="display: flex; justify-content: space-between;"> <span>County: Test County</span> <span>County Code: 59</span> </div>					
Legal Entity: Children's Mental Health Network		A	B	C	
Legal Entity Number: 05832		Salaries and Benefits	Other	Total Costs	
1	Mental Health Expenditures	200,000	13,949	213,949	
2	Encumbrances				
3	Less: Payments to Contract Providers (County Only)				
4	Other Adjustments from MH 1962				
5	Total Costs Before Medi-Cal Adjustments	200,000	13,949	213,949	
6	Medi-Cal Adjustments from MH 1961		(10,000)	(10,000)	
7	Managed Care Consolidation (County Only)				
8	Allowable Costs for Allocation			203,949	
Administrative Costs (County Only)					
9	SD/MC Administration - Other				
10	M-CHIP Administration				
11	Healthy Families Administration				
12	Non-SD/MC Administration				
13	Total Administrative Costs				
Utilization Review Costs (County Only)					
14	Skilled Professional Medical Personnel				
15	Other SD/MC Utilization Review				
16	Non-SD/MC Utilization Review				
17	Total Utilization Review Costs				
18	Research and Evaluation (County Only)				
19	Mode Costs (Direct Service and MAA)			203,949	
20	Total Costs - Lines 9 through 18			203,949	

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MH1901\_Schedule\_C >>
<< MH1961
<< MH1962
<< MH1963

**Crosscheck**

203,949
OK

203,949
OK

State of California Health and Human Services Agency					Department of Mental Health				
<b>DETAIL COST REPORT</b> <b>SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE</b> <b>TOTALS TO MODE OF SERVICE &amp; SERVICE FUNCTION</b> MH 1901 SCHEDULE C (Rev. 7/10)									
Entity Name: <u>Children's Mental Health Network</u>					Entity Number: <u>05832</u>				
Fiscal Year: <u>2009 - 2010</u>					FISCAL YEAR 2009 - 2010				
Allocation <input type="radio"/> Rate for Allocation <input type="radio"/> SMA Rate <input type="radio"/> Published Charges <input checked="" type="radio"/> Directly Allocated					<b>COSTS TO BE ALLOCATED</b> Allowable Mode Costs (MH1960 Line 18, Col. C)      203,949				
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1	CR	15	30	10,232		70,031	N/A	34.34%	70,031
2	CR	15	01	17,083		133,918	N/A	65.66%	133,918
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82									
83									
84	Totals			27,315		203,949		100%	203,949

HOME
<< MH1960
MH1969 INST >>

Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	15 Program_2	TBS
5 Other		0.00%		ASO
10		0.00%		MHS
15 Program_1	203,949	100.00%		
45		0.00%	Total	
55		0.00%		
80		0.00%		
Total	203,949	100.00%		



State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
<b>ALLOCATION OF COSTS TO MODES OF SERVICE</b>		
MH 1964 (Rev. 7/10)		FISCAL YEAR 2009 - 2010
<div style="text-align: center;">             County: Test County              County Code: 59           </div>		
Legal Entity: Children's Mental Health Network		A
Legal Entity Number: 05832		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	203,949
	<b>Modes</b>	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	203,949
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	203,949
<div style="background-color: #d9d9d9; display: inline-block; padding: 10px 20px; border: 1px solid black;"> <b>HOME</b> </div>		

Crosscheck  
OK

State of California Health and Human Services Agency			Department of Mental Health						
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL									
MH 1966 (Rev. 7/10)									
County: Test County									
County Code: 59									
Legal Entity: Children's Mental Health Network									
Legal Entity Number: 05832									
Mode: 15 - Outpatient Services (Program 1)									
			A	CR	CR	D	E	F	G
			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				30	01				
1	Allocation Percentage		100.00%	34.34%	65.66%				
2	Total Units			10,232	17,083				
3	Gross Cost		203,949	70,031	133,918				
4	Cost per Unit			6.84	7.84				
5	SMA per Unit			2.61	2.02				
6	Published Charge per Unit			2.61	2.02				
7	Medi-Cal Units	07/01/09 - 09/30/09		5,786	1,365				
7A		10/01/09 - 06/30/10		4,446	6,030				
8	Medicare/Medi-Cal Crossover Units	07/01/09 - 09/30/09							
8A		10/01/09 - 06/30/10							
9	Enhanced SD/MC (Children) Units	07/01/09 - 09/30/09							
9A		10/01/09 - 06/30/10							
9B	Enhanced SD/MC (Refugees) Units	07/01/09 - 06/30/10							
10	Breast & Cervical Cancer Treatment & Prevention	07/01/09 - 09/30/09							
10A	Breast & Cervical Cancer Treatment & Prevention	10/01/09 - 06/30/10							
11	Healthy Families (SED) Units	07/01/09 - 09/30/09							
11A		10/01/09 - 06/30/10							
12	Non-Medi-Cal Units				9,688				
13	Medi-Cal Costs	07/01/09 - 09/30/09	50,302	39,601	10,701				
13A		10/01/09 - 06/30/10	77,701	30,430	47,271				
14	Medi-Cal SMA Upper Limits	07/01/09 - 09/30/09	17,859	15,101	2,757				
14A		10/01/09 - 06/30/10	23,785	11,604	12,181				
15	Medi-Cal Published Charges	07/01/09 - 09/30/09	17,859	15,101	2,757				
15A		10/01/09 - 06/30/10	23,785	11,604	12,181				
16	Medicare/Medi-Cal Crossover Costs	07/01/09 - 09/30/09							
16A		10/01/09 - 06/30/10							
17	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/09 - 09/30/09							
17A		10/01/09 - 06/30/10							
18	Medicare/Medi-Cal Crossover Published Charges	07/01/09 - 09/30/09							
18A		10/01/09 - 06/30/10							
19	Enhanced SD/MC Costs	07/01/09 - 09/30/09							
19A		10/01/09 - 06/30/10							
20	Enhanced SD/MC SMA Upper Limits	07/01/09 - 09/30/09							
20A		10/01/09 - 06/30/10							
21	Enhanced SD/MC Published Charges	07/01/09 - 09/30/09							
21A		10/01/09 - 06/30/10							
22	Enhanced SD/MC (Refugees) Costs	07/01/09 - 06/30/10							
23	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/09 - 06/30/10							
24	Enhanced SD/MC (Refugees) Published Charges	07/01/09 - 06/30/10							
25	BCCTP Costs	07/01/09 - 09/30/09							
25A	BCCTP Costs	10/01/09 - 06/30/10							
26	BCCTP SMA Upper Limits	07/01/09 - 09/30/09							
26A	BCCTP SMA Upper Limits	10/01/09 - 06/30/10							
27	BCCTP Published Charges	07/01/09 - 09/30/09							
27A	BCCTP Published Charges	10/01/09 - 06/30/10							
28	Healthy Families Costs	07/01/09 - 09/30/09							
28A		10/01/09 - 06/30/10							
29	Healthy Families SMA Upper Limits	07/01/09 - 09/30/09							
29A		10/01/09 - 06/30/10							
30	Healthy Families Published Charges	07/01/09 - 09/30/09							
30A		10/01/09 - 06/30/10							
31	Non-Medi-Cal Costs		75,947	(0)	75,947				

State of California Health and Human Services Agency					Department of Mental Health																		
DETAIL COST REPORT																							
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT					FISCAL YEAR 2009 - 2010																		
MH 1968 (Rev. 7/10)																							
County: Test County																							
County Code: 59																							
Legal Entity: Children's Mental Health Network																							
Legal Entity Number: 05832																							
					REIMBURSEMENT TYPE				PC		PC		Costs										
									E		G		I		K								
					A B C D				F		H		J		L								
					Mode 55				Total Inpatient Mode 05 Hospital Inpatient Services		Mode 05 Other 24 Hour Services		Mode 10 Day Services		Mode 15 Outpatient Services Program (1)		Total Outpatient Exclude Program (2)		Mode 15 Outpatient Services Program (2)		Total Outpatient (Col. I + Col. J)		
					S. F.'s 01-09 S. F.'s 11-19, 31-39 S. F.'s 21-29				Total MAA														
1	Medi-Cal Costs	07/01/09 - 09/30/09												50,302	50,302							50,302	
1A		10/01/09 - 06/30/10												77,701	77,701							77,701	
2	Medi-Cal SMA	07/01/09 - 09/30/09												17,859	17,859							17,859	
2A		10/01/09 - 06/30/10												23,785	23,785							23,785	
3	Medi-Cal P. C.	07/01/09 - 09/30/09												17,859	17,859							17,859	
3A		10/01/09 - 06/30/10												23,785	23,785							23,785	
4	Medi-Cal Gross Reimbursement	07/01/09 - 09/30/09												17,859	17,859							17,859	
4A		10/01/09 - 06/30/10												23,785	23,785							23,785	
5	Medicare/Medi-Cal Crossover Cost	07/01/09 - 09/30/09																					
5A		10/01/09 - 06/30/10																					
6	Medicare/Medi-Cal Crossover SMA	07/01/09 - 09/30/09																					
6A		10/01/09 - 06/30/10																					
7	Medicare/Medi-Cal Crossover P. C.	07/01/09 - 09/30/09																					
7A		10/01/09 - 06/30/10																					
8	Medicare/Medi-Cal Crossover Gross Reim.	07/01/09 - 09/30/09																					
8A		10/01/09 - 06/30/10																					
9	Total SD/MC + Crossover Gross Reim.	07/01/09 - 09/30/09												17,859	17,859							17,859	
9A		10/01/09 - 06/30/10												23,785	23,785							23,785	
10	Enhanced SD/MC (Children) Cost	07/01/09 - 09/30/09																					
10A		10/01/09 - 06/30/10																					
11	Enhanced SD/MC (Children) SMA	07/01/09 - 09/30/09																					
11A		10/01/09 - 06/30/10																					
12	Enhanced SD/MC (Children) P. C.	07/01/09 - 09/30/09																					
12A		10/01/09 - 06/30/10																					
13	Enhanced SD/MC (Children) Gross Reim.	07/01/09 - 09/30/09																					
13A		10/01/09 - 06/30/10																					
14	Enhanced SD/MC (BCCTP) Cost	07/01/09 - 09/30/09																					
14A		10/01/09 - 06/30/10																					
15	Enhanced SD/MC (BCCTP) SMA	07/01/09 - 09/30/09																					
15A		10/01/09 - 06/30/10																					
16	Enhanced SD/MC (BCCTP) P. C.	07/01/09 - 09/30/09																					
16A		10/01/09 - 06/30/10																					
17	Enhanced SD/MC (BCCTP) Gross Reim.	07/01/09 - 09/30/09																					
17A		10/01/09 - 06/30/10																					
18	Enhanced SD/MC (Refugees) Cost	07/01/09 - 06/30/10																					
19	Enhanced SD/MC (Refugees) SMA	07/01/09 - 06/30/10																					
20	Enhanced SD/MC (Refugees) P. C.	07/01/09 - 06/30/10																					
20A		10/01/09 - 06/30/10												17,859	17,859							17,859	
21	Enhanced SD/MC (Refugees) Gross Reim.	07/01/09 - 06/30/10												23,785	23,785							23,785	
22	Healthy Families Cost	07/01/09 - 09/30/09																					
22A		10/01/09 - 06/30/10																					
23	Healthy Families SMA	07/01/09 - 09/30/09																					
23A		10/01/09 - 06/30/10																					
24	Healthy Families P. C.	07/01/09 - 09/30/09																					
24A		10/01/09 - 06/30/10																					
25	Healthy Families Gross Reim.	07/01/09 - 09/30/09																					
25A		10/01/09 - 06/30/10																					
26	Less: Patient and Other Payor Revenue																						
27	SD/MC + Crossover Revenue	07/01/09 - 09/30/09																					
27A		10/01/09 - 06/30/10																					
28	Enhanced SD/MC (Children) Revenue																						
29	Enhanced SD/MC (Refugees) Revenue																						
30	Enhanced SD/MC (BCCTP) Revenue																						
31	Healthy Families Revenue																						
32	Total Expenditures from MAA (Mode 55)																						
33	Medi-Cal Eligibility Factor (Average)																						
34	Revenue - MAA																						
35	Net Due - SD/MC for Direct Services	07/01/09 - 09/30/09												17,859	17,859							17,859	
35A		10/01/09 - 06/30/10												23,785	23,785							23,785	
36	Net Due - Enhanced SD/MC (Refugees)																						
37	Net Due - Healthy Families	07/01/09 - 09/30/09																					
37A		10/01/09 - 06/30/10																					

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State of California Health and Human Services Agency										Department of Mental Health
DETAIL COST REPORT										
SD/MC PRELIMINARY DESK SETTLEMENT										
MH 1979 (Rev. 7/10)										
County: Test County County Code: 59										
Legal Entity: Children's Mental Health Network										
Legal Entity Number: 05832										
	A	B	C	D	E	F	G	H	I	J
	Total	Total	Total	Total	50.00%	61.59%	61.59%	Variable %	75.00%	Total
	MAA	Inpatient	Outpatient		FFP	FFP	FFP	FFP	FFP	FFP
1	SD/MC Other Administrative Reimbursement (County Only)									
2	County SD/MC Other Direct Service Gross Reimbursement									
3	Contract Providers Other Medi-Cal Direct Service Gross Reimbursement									
4	Total Medi-Cal Direct Service Gross Reimbursement									
5	Medi-Cal Administrative Reimbursement Limit									
6	Medi-Cal Administrative Reimbursement									
7	Healthy Families Administrative Reimbursement (County Only)									
8	County Healthy Families Direct Service Gross Reimbursement									
9	Contract Providers Healthy Families Direct Service Gross Reim.									
10	Total Healthy Families Direct Service Gross Reimbursement									
11	Healthy Families Administrative Reimbursement Limit									
12	Healthy Families Administrative Reimbursement									
13	SD/MC Enhanced (Children) Administrative Reimbursement (County Only)									
14	County SD/MC Enhanced (Children) Direct Service Gross Reimbursement									
15	Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reim									
16	Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement									
17	SD/MC Enhanced (Children) Administrative Reimbursement Limit									
18	SD/MC Enhanced (Children) Administrative Reimbursement									
19	SD/MC Net Reimbursement for MAA									
20	Medi-Cal Admin. Activities Svc Functions 01 - 09									
21	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39									
22	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)									
23	Utilization Review-Skilled Prof. Med. Personnel (County Only)									
24	Other SD/MC Utilization Review (County Only)									
24A	SD/MC Net Reimbursement for Direct Services	07/01/09 - 09/30/09	17,859	17,859	10,999	14,649	10,999			
25	Enhanced SD/MC Net Reimb. (Children)	10/01/09 - 06/30/10	23,785	23,785						
25A	Enhanced SD/MC Net Reimb. (Children)	07/01/09 - 09/30/09								
26	Enhanced SD/MC Net Reimb. (BCCTP)	10/01/09 - 06/30/10								
26A	Enhanced SD/MC Net Reimb. (BCCTP)	07/01/09 - 06/30/09								
27	Enhanced SD/MC Net Reimb. (Refugees)	10/01/09 - 06/30/10								
28	Total SD/MC Reimbursement Before Excess FFP									25,648
29	Contract Limitation Adjustment									
30	Adjusted Total SD/MC Reimbursement (FFP)									25,648
31	Healthy Families Net Reimbursement	07/01/09 - 09/30/09								
31A	Healthy Families Net Reimbursement	10/01/09 - 06/30/10								
32	Total Healthy Families Reimbursement									

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	
Line 12: Column D minus Column H	
Line 18: Column D minus Column E	
Line 19: Column D minus Column E	
Line 20: Column D minus Column E	
Line 21: Column D minus Column I	
Line 22: Column D minus Column I	
Line 23: Column D minus Column E	
Line 24: Column D minus Column F	6,860
Line 24A: Column D minus Column G	9,136
Line 25: Column D minus Column H	
Line 25A: Column D minus Column H	
Line 26: Column D minus Column H	
Line 26A: Column D minus Column H	
Line 27: Column D minus Column H	
Line 31: Column D minus Column H	
Line 31A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	15,995

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 7/10)											
County: Test County											
County Code: 59											
Legal Entity: Children's Mental Health Network											
Legal Entity No.: 05832											
		A	B	C	D	E	F	G	H	I	J
		Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
1	Gross Cost						203,949				203,949
2	Adjustments										
3	Adjusted Gross Cost						203,949				203,949
	Funding Sources										
	Grants										
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)						25,648				25,648
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share										
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	05-06 Rollover - Managed Care-Other										
19	EPSTD SD/MC - State Share Est.										
20A	05-06 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE						178,301				178,301
22	Prior Years MHSA										
23	MHSA										
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources						203,949				203,949

**EDIT CHECKS**

Line 3 = Line 24? OK

Amt. to Balance to Line 3:

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## **APPENDIX C**

### **Sample Detail Cost Report (Contract Provider Legal Entity Non-Medi-Cal)**

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State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev 7/10)		FISCAL YEAR 2009 - 2010
<b>SECTION I: ALL LEGAL ENTITIES:</b>		
<i>All Legal Entities are to complete Section I.</i>		
Name of Preparer:	Ledger Lu	
Date:	7/20/2010	
Legal Entity Name:	Mental Health Foundation, Inc.	
Legal Entity Number:	06325	
County:	Test County	
County Code:	59	
Is this a County Legal Entity Report? (Y or N)	No	▼
Are you reporting SD/MC? (Y or N)	No	▼
<div style="display: flex; justify-content: space-between;"> <span><a href="#">HOME</a></span> <span><a href="#">MH1901_Schedule_A &gt;&gt;</a></span> </div>		
<b>SECTION II: COUNTY LEGAL ENTITY ONLY:</b>		
<i>Only County Legal Entities are to Complete Section II.</i>		
Address:		
Phone Number:		
County Population: Over 125,000? (Y or N):	Yes	▼
<i>Contract Provider Other Medi-Cal Direct Service Gross Reimbursement (Used to populate MH1979 Line 2)</i>		
Inpatient Services		
Outpatient Services		
<i>Contract Provider SD/MC Enhanced (Children) Direct Service Gross Reimbursement (Used to populate MH1979 Line 11A)</i>		
Inpatient Services		
Outpatient Services		
<i>Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7A)</i>		
Inpatient Services		
Outpatient Services		
Total State Share of SD/MC Cost:		
<i>Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group</i> <span style="float: right;"><i>Mode&amp;SF --&gt;</i></span>		
Legal Entity Number (FFS):		
Psychiatrist:		
Psychologist:		
Mixed Specialty Group:		
RN:		
LCSW:		
MFCC (MFT):		
<i>Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)</i>		
Mode 05 - Hospital Inpatient Services		
Mode 05 - Other 24 Hour Services		
Mode 10 - Day Services		
Mode 15 - Outpatient Services		
Contract Limitation Adjustment Total	\$	-
<div style="display: flex; justify-content: space-between;"> <span><a href="#">HOME</a></span> <span><a href="#">MH1901_Schedule_A &gt;&gt;</a></span> </div>		

State of California Health and Human Services Agency				Department of Mental Health		
DETAIL COST REPORT						
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES						
MH 1901 SCHEDULE A (Rev. 7/10)						
Entity Name: <u>Mental Health Foundation, Inc.</u>				Entity Number: <u>06325</u>		
Fiscal Year: <u>2009 - 2010</u>						
	A	B	C	D	E	F
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
<b>A. 24 - HOUR SERVICES</b>						
1 Hospital Inpatient	05	10 - 18	\$1,129.78			\$0.00
2 Hospital Administrative Day	05	19	\$361.74			\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$585.30			\$0.00
4 SNF Intensive	05	30 - 34				\$0.00
5 IMD Basic (No Patch)	05	35				\$0.00
6 IMD (With Patch)	05	36 - 39				\$0.00
7 Adult Crisis Residential	05	40 - 49	\$330.05			\$0.00
8 Jail Inpatient	05	50 - 59				\$0.00
9 Residential Other	05	60 - 64				\$0.00
10 Adult Residential	05	65 - 79	\$160.99			\$0.00
11 Semi - Supervised Living	05	80 - 84				\$0.00
12 Independent Living	05	85 - 89				\$0.00
13 MH Rehab Centers	05	90 - 94				\$0.00
<b>B. DAY SERVICES</b>						
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54			\$0.00
15 Urgent Care	10	25 - 29	\$94.54			\$0.00
16 Vocational Services	10	30 - 39				\$0.00
17 Socialization	10	40 - 49				\$0.00
18 SNF Augmentation	10	60 - 69				\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13			\$0.00
20 Full Day	10	85 - 89	\$202.43			\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08			\$0.00
22 Full Day	10	95 - 99	\$131.24			\$0.00
<b>C. OUTPATIENT SERVICES</b>						
23 Case Management, Brokerage	15	01 - 09	\$2.02			\$0.00
24 Mental Health Services	15	10 - 19	\$2.61			\$0.00
25 Mental Health Services	15	30 - 59	\$2.61			\$0.00
26 Medication Support	15	60 - 69	\$4.82			\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88			\$0.00
<b>D. OUTREACH SERVICES</b>						
28 Mental Health Promotion	45	10 - 19				\$0.00
29 Community Client Services	45	20 - 29				\$0.00
<b>E. MEDI-CAL ADMINISTRATIVE ACTIVITIES</b>						
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR		
31 Medi-Cal Eligibility Intake	55	04 - 06				
32 Medi-Cal Contract Administration	55	07 - 08				
33 MAA Coordination and Claims Administration	55	09				
34 Referral - Crisis, Non-Open Case	55	11 - 13				
35 MH Services Contract Administration	55	14 - 16				
36 Discounted Mental Health Outreach	55	17 - 19				
37 SPMP Case Management, Non-Open Case	55	21 - 23				
38 SPMP Program Planning and Development	55	24 - 26				
39 SPMP MAA Training	55	27 - 29				
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34				
41 Non-SPMP Program Planning and Development	55	35 - 39				
<b>F. SUPPORT SERVICES</b>						
42 Conservatorship Investigation	60	20 - 29				\$0.00
43 Administration	60	30 - 39				\$0.00
44 Life Support/Board & Care	60	40 - 49				\$0.00
45 Case Management Support	60	60 - 69				\$0.00
46 Client Housing Support Expenditures	60	70				\$0.00
47 Client Housing Operating Expenditures	60	71				\$0.00
48 Client Flexible Support Expenditures	60	72				\$0.00
48 Non Medi-Cal Capital Assets	60	75				\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78				\$0.00

[HOME](#)
[<< MH1900\\_INFO](#)
[MH1901\\_Schedule\\_B >>](#)

CFRS Appendix C - 3

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
<b>MEDI-CAL ADJUSTMENTS TO COSTS</b>			
MH 1961 (Rev. 7/10)			
FISCAL YEAR 2009 - 2010			
County: Test County			
County Code: 59			
Legal Entity: Mental Health Foundation, Inc.			
Legal Entity Number: 06325			
	A	B	C
	Salaries and Benefits	Other	Total Adjustments
1	Depreciation Expense	(10,000)	(10,000)
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	<b>Total Adjustments</b>	(10,000)	(10,000)
<div style="text-align: right;"> <b>Crosscheck</b>            -10,000      <b>OK</b> </div>			
<div style="display: flex; justify-content: space-between; padding: 5px;"> <span><a href="#">HOME</a></span> <span><a href="#">&lt;&lt; MH1901_Schedule_B</a></span> <span><a href="#">&lt;&lt; MH1991</a></span> <span><a href="#">MH1962 &gt;&gt;</a></span> <span><a href="#">MH1960 &gt;&gt;</a></span> </div>			

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
<b>CALCULATION OF PROGRAM COSTS</b>			
MH 1960 (Rev. 7/10)		FISCAL YEAR 2009 - 2010	
County: Test County County Code: 59			
Legal Entity: Mental Health Foundation, Inc.		A	B
Legal Entity Number: 06325		Salaries and Benefits	Other
			Total Costs
1	Mental Health Expenditures	98,141	98,141
2	Encumbrances		
3	Less: Payments to Contract Providers (County Only)		
4	Other Adjustments from MH 1962		
5	Total Costs Before Medi-Cal Adjustments	98,141	98,141
6	Medi-Cal Adjustments from MH 1961		(10,000)
7	Managed Care Consolidation (County Only)		
8	Allowable Costs for Allocation		88,141
Administrative Costs (County Only)			
9	SD/MC Administration - Other		
10	M-CHIP Administration		
11	Healthy Families Administration		
12	Non-SD/MC Administration		
13	Total Administrative Costs		
Utilization Review Costs (County Only)			
14	Skilled Professional Medical Personnel		
15	Other SD/MC Utilization Review		
16	Non-SD/MC Utilization Review		
17	Total Utilization Review Costs		
18	Research and Evaluation (County Only)		
19	Mode Costs (Direct Service and MAA)		88,141
20	Total Costs - Lines 9 through 18		88,141
HOME		MH1901_Schedule_C >>	
<< MH1961		<< MH1962	
<< MH1963			

**Crosscheck**

88,141 OK

88,141 OK



**SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE  
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION**  
 MH 1901 SCHEDULE C (Rev. 7/10)

FISCAL YEAR 2009 - 2010

Entity Name: Mental Health Foundation, Inc.

Entity Number: 06325

Fiscal Year: 2009 - 2010

Allocation

☐ Rate for Allocation      ☐ SMA Rate

☐ Published Charges      ☒ Directly Allocated

**COSTS TO BE ALLOCATED**

Allowable Mode Costs (MH1960 Line 18, Col. C) 88,141

	A	B	C	D	E	F	G	H	I
	Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis			
						Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1	CR	05	10	6		3,988	N/A	4.52%	3,988
2	CR	05	90	363		56,265	N/A	63.84%	56,265
3	CR	05	20	50		27,888	N/A	31.64%	27,888
4									
5									
6									
7									
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80									
81									
82									
83									
84									
Totals				419		88,141		100%	88,141

HOME

&lt;&lt; MH1960

MH1969\_INST &gt;&gt;

## Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19	3,988	4.52%	TBS	
5 Other	84,153	95.48%	ASO	
10		0.00%	MHS	
15 Program_1		0.00%		
45		0.00%	Total	
55		0.00%		
60		0.00%		
Total	88,141	100.00%		

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT <b>ALLOCATION OF COSTS TO MODES OF SERVICE</b> MH 1964 (Rev. 7/10)			
FISCAL YEAR 2009 - 2010			
County: Test County County Code: 59			
Legal Entity: Mental Health Foundation, Inc.		A	
Legal Entity Number: 06325		Total Costs	
1	Mode Costs (Direct Service and MAA) from MH 1960		88,141
<b>Modes</b>			
2	Hospital Inpatient Services (Mode 05-SFC 10-19)		3,988
3	Other 24 Hour Services (Mode 05-All Other SFC)		84,153
4	Day Services (Mode 10)		
5	Outpatient Services (Mode 15 Program 1 + Program 2)		
6	Outreach Services (Mode 45)		
7	Medi-Cal Administrative Activities (Mode 55)		
8	Support Services (Mode 60)		
9	Total - Lines 2 through 8		88,141
<div style="display: inline-block; background-color: #f0f0f0; border: 1px solid black; padding: 5px 15px; margin: 10px 0;">HOME</div>			

**Crosscheck**  
**OK**



State of California Health and Human Services Agency				Department of Mental Health						
DETAIL COST REPORT										
ALLOCATION OF COSTS TO SERVICE										
FUNCTIONS - MODE TOTAL										
MH 1966 (Rev. 7/10)										
County: Test County										
County Code: 59										
Legal Entity: Mental Health Foundation, Inc.										
Legal Entity Number: 06325										
Mode: 05 - Hospital Inpatient Services (SFC 10-19)										
				A	B	C	D	E	F	G
				Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
					10					
1 Allocation Percentage				100.00%	100.00%					
2 Total Units					6					
3 Gross Cost				3,988	3,988					
4 Cost per Unit					664.67					
5 SMA per Unit					1,129.78					
6 Published Charge per Unit										
7 Medi-Cal Units										
7A Medi-Cal Units										
8 Medicare/Medi-Cal Crossover Units										
8A Medicare/Medi-Cal Crossover Units										
9 Enhanced SD/MC (Children) Units										
9A Enhanced SD/MC (Children) Units										
9B Enhanced SD/MC (Refugees) Units										
10 BCCTP Units										
10A BCCTP Units										
11 Healthy Families (SED) Units										
11A Healthy Families (SED) Units										
12 Non-Medi-Cal Units					6					
13 Medi-Cal Costs										
13A Medi-Cal Costs										
14 Medi-Cal SMA Upper Limits										
14A Medi-Cal SMA Upper Limits										
15 Medi-Cal Published Charges										
15A Medi-Cal Published Charges										
16 Medicare/Medi-Cal Crossover Costs										
16A Medicare/Medi-Cal Crossover Costs										
17 Medicare/Medi-Cal Crossover SMA Upper Limits										
17A Medicare/Medi-Cal Crossover SMA Upper Limits										
18 Medicare/Medi-Cal Crossover Published Charges										
18A Medicare/Medi-Cal Crossover Published Charges										
19 Enhanced SD/MC (Children) Costs										
19A Enhanced SD/MC (Children) Costs										
20 Enhanced SD/MC (Children) SMA Upper Limits										
20A Enhanced SD/MC (Children) SMA Upper Limits										
21 Enhanced SD/MC (Children) Published Charges										
21A Enhanced SD/MC (Children) Published Charges										
22 Enhanced SD/MC (Refugees) Costs										
23 Enhanced SD/MC (Refugees) SMA Upper Limits										
24 Enhanced SD/MC (Refugees) Published Charges										
25 BCCTP Costs										
25A BCCTP Costs										
26 BCCTP SMA Upper Limits										
26A BCCTP SMA Upper Limits										
27 BCCTP Published Charges										
27A BCCTP Published Charges										
28 Healthy Families Costs										
28A Healthy Families Costs										
29 Healthy Families SMA Upper Limits										
29A Healthy Families SMA Upper Limits										
30 Healthy Families Published Charges										
30A Healthy Families Published Charges										
31 Non-Medi-Cal Costs				3,988	3,988					

State of California Health and Human Services Agency				Department of Mental Health						
DETAIL COST REPORT										
ALLOCATION OF COSTS TO SERVICE										
FUNCTIONS - MODE TOTAL										
MH 1966 (Rev. 7/10)										
County: Test County										
County Code: 59										
Legal Entity: Mental Health Foundation, Inc.										
Legal Entity Number: 06325										
Mode: 05 - Other 24 Hour Services (All Other SFC)										
				A	B	C	D	E	F	G
				Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
					90	20				
1	Allocation Percentage			100.00%	66.86%	33.14%				
2	Total Units				363	50				
3	Gross Cost			84,153	56,265	27,888				
4	Cost per Unit				155.00	557.76				
5	SMA per Unit					585.30				
6	Published Charge per Unit									
7	Medi-Cal Units									
7A	07/01/09 - 09/30/09									
8	Medicare/Medi-Cal Crossover Units									
8A	07/01/09 - 09/30/09									
9	Enhanced SD/MC (Children) Units									
9A	07/01/09 - 09/30/09									
9B	Enhanced SD/MC (Refugees) Units									
10	Breast & Cervical Cancer Treatment & Prevention									
10A	07/01/09 - 09/30/09									
11	Healthy Families (SED) Units									
11A	07/01/09 - 09/30/09									
12	Non-Medi-Cal Units				363	50				
13	Medi-Cal Costs									
13A	07/01/09 - 09/30/09									
14	Medi-Cal SMA Upper Limits									
14A	07/01/09 - 09/30/09									
15	Medi-Cal Published Charges									
15A	07/01/09 - 09/30/09									
16	Medicare/Medi-Cal Crossover Costs									
16A	07/01/09 - 09/30/09									
17	Medicare/Medi-Cal Crossover SMA Upper Limits									
17A	07/01/09 - 09/30/09									
18	Medicare/Medi-Cal Crossover Published Charges									
18A	07/01/09 - 09/30/09									
19	Enhanced SD/MC Costs									
19A	07/01/09 - 09/30/09									
20	Enhanced SD/MC SMA Upper Limits									
20A	07/01/09 - 09/30/09									
21	Enhanced SD/MC Published Charges									
21A	07/01/09 - 09/30/09									
22	Enhanced SD/MC (Refugees) Costs									
23	Enhanced SD/MC (Refugees) SMA Upper Limits									
24	Enhanced SD/MC (Refugees) Published Charges									
25	BCCTP Costs									
25A	07/01/09 - 09/30/09									
26	BCCTP SMA Upper Limits									
26A	07/01/09 - 09/30/09									
27	BCCTP Published Charges									
27A	07/01/09 - 09/30/09									
28	Healthy Families Costs									
28A	07/01/09 - 09/30/09									
29	Healthy Families SMA Upper Limits									
29A	07/01/09 - 09/30/09									
30	Healthy Families Published Charges									
30A	07/01/09 - 09/30/09									
31	Non-Medi-Cal Costs			84,153	56,265	27,888				

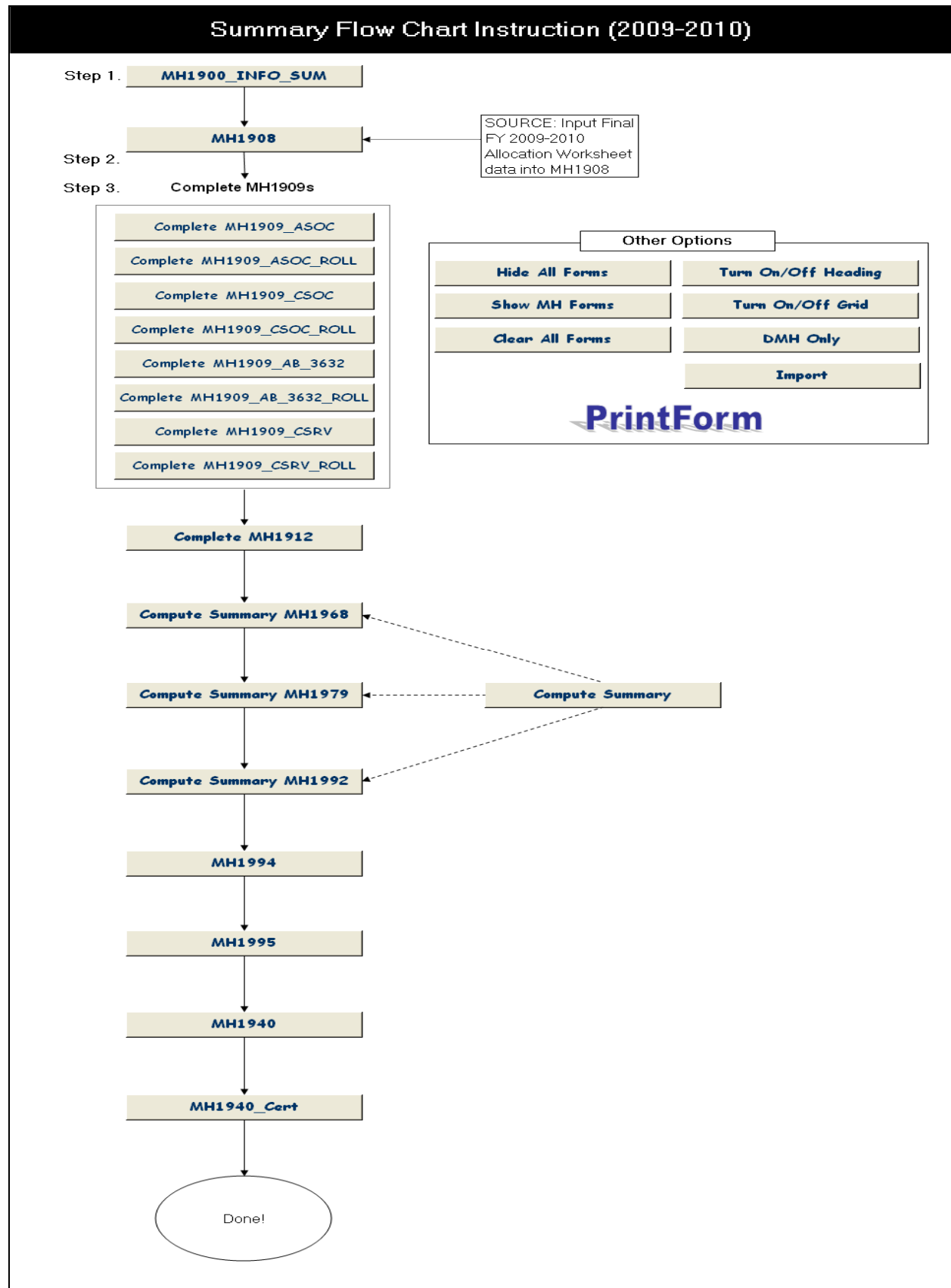
State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 7/10)											
County: Test County											
County Code: 59											
Legal Entity: Mental Health Foundation, Inc.											
Legal Entity No.: 06325											
	A	B	C	D	E	F	G	H	I	J	
	Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity	
1	Gross Cost		3,988	84,153						88,141	CROSSCHECKS
2	Adjustments										
3	Adjusted Gross Cost		3,988	84,153						88,141	OK
	Funding Sources										
	Grants										
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										OK
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)										
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share										
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	05-06 Rollover - Managed Care-Other										
19	EPSDT SD/MC - State Share Est.										
20A	05-06 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE		3,988	84,153						88,141	
22	Prior Years MHSA										
23	MHSA										
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources		3,988	84,153						88,141	OK
EDIT CHECKS											
Line 3 = Line 24? OK											
Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0											
HOME << MH1992_INST DONE!											

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## **APPENDIX D**

### **Sample Summary Cost Report (County Only)**

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
INFORMATION SHEET  
MH 1900 (07/07)

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2009-2010

Name of Preparer:	Summary Sam
Date Completed:	7/20/2010
County:	County
County Code:	59
Address:	912 Direct Cost Way
	Indirect Cost, CA 55555
Phone Number:	555-555-5555
County Population: Over 125,000? (Y or N):	Yes <input type="button" value="v"/>

[Summary\\_Flow](#)

[Compute\\_Summary](#)

[MH1908 >>](#)

### List of Legal Entities

Legal Entity Name	Legal Entity Number	File Found?	Data Extracted?
County Mental Health	00059	YES	YES
Children's Mental Health Network	05832	YES	YES
Mental Health Foundation, Inc.	06325	YES	YES



County: County  
County Code: 59

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	\$131,529
<i>Managed Care Subset</i>	\$131,529
Mental Health Services AB 3632	
TOTAL COMMUNITY SERVICES	\$131,529

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION
4440-101-0001 (1) Community Services - Other Treatment		
4440-101-0001 Adult System of Care		
4440-101-0001 (1.5) Children's Mental Health Services		
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$131,529	\$121,164
<i>Managed Care Subset</i>	\$131,529	
4440-104-0001 Mental Health Services AB 3632		
TOTAL FUND SOURCES	\$131,529	\$121,164

**Summary\_Flow**

California Department of Mental Health, Local Program Financial Support

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY			SUMMARY COST REPORT										DEPARTMENT OF MENTAL HEALTH	
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT MH 1968_SUM (07/07)													Fiscal Year 2009-2010	
County: County County Code: 59														
Legal Entity: All Reporting Legal Entities														
Legal Entity Number:														
			</											

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY			SUMMARY COST REPORT				DEPARTMENT OF MENTAL HEALTH				
SUMMARY SD/MC PRELIMINARY DESK SETTLEMENT MH 1979_SUM (07/07)			Fiscal Year 2009-2010								
County: County County Code: 59											
Legal Entity	All Reporting Legal Entities	A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	F 54.35% FFP	G 52.95% FFP	H Variable % FFP	I 75% FFP	J Total FFP
Legal Entity Number											
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			391,942	391,942						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			41,643	41,643						
3	Total Medi-Cal Direct Service Gross Reimbursement				433,585						
4	Medi-Cal Administrative Reimbursement Limit				65,038						
5	Medi-Cal Administration				288,400						
6	Medi-Cal Administrative Reimbursement				65,038	32,519					32,519
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			35,700	35,700						
8	Contract Providers Healthy Families Direct Service Gross Reim.										
9	Total Healthy Families Direct Service Gross Reimbursement				35,700						
10	Healthy Families Administrative Reimbursement Limit				3,570						
11	Healthy Families Administration				19,890						
12	Healthy Families Administrative Reimbursement				3,570				2,321		2,321
SD/MC Enhanced (Children) Administrative Reimbursement (County Only)											
13	County SD/MC Enhanced (Children) Direct Service Gross Reimbursement										
14	Contract Providers SD/MC Enhanced (Children) Direct Service Gross Reim.										
15	Total SD/MC Enhanced (Children) Direct Service Gross Reimbursement										
16	SD/MC Enhanced (Children) Administrative Reimbursement Limit										
17	SD/MC Enhanced (Children) Administration										
18	SD/MC Enhanced (Children) Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
19	Medi-Cal Admin. Activities Svc Functions 01 - 09										
20	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
21	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
22	Utilization Review-Skilled Prof. Med. Personnel (County Only)				91,251					68,438	68,438
23	Other SD/MC Utilization Review (County Only)				59,786	29,893					29,893
24	SD/MC Net Reimbursement for Direct Services 07/01/09 - 09/30/09			85,561	85,561		52,697				52,697
24A	SD/MC Net Reimbursement for Direct Services 10/01/09 - 06/30/10			348,025	348,025			214,349			214,349
25	Enhanced SD/MC Net Reimb. (Children) 07/01/09 - 09/30/09										
25A	Enhanced SD/MC Net Reimb. (Children) 10/01/09 - 06/30/10										
26	Enhanced SD/MC Net Reimb. (BCCTP) 07/01/09 - 09/30/09										
26A	Enhanced SD/MC Net Reimb. (BCCTP) 10/01/09 - 06/30/10										
27	Enhanced SD/MC Net Reimb. (Refugees)										
28	Total SD/MC Reimbursement Before Excess FFP										397,896
29	Contract Limitation Adjustment										
30	Adjusted Total SD/MC Reimbursement (FFP)										397,896
31	Healthy Families Net Reimbursement 07/01/09 - 09/30/09			4,114	4,114				2,674		2,674
31A	Healthy Families Net Reimbursement 10/01/09 - 06/30/10			31,586	31,586				20,531		20,531
32	Total Healthy Families Reimbursement										25,526

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	32,519
Line 12: Column D minus Column H	1,250
Line 18: Column D minus Column E	
Line 19: Column D minus Column E	
Line 20: Column D minus Column I	
Line 21: Column D minus Column I	
Line 22: Column D minus Column E	22,813
Line 23: Column D minus Column F	29,893
Line 24A: Column D minus Column G	32,864
Line 24a: Column D minus Column H	133,676
Line 25: Column D minus Column H	
Line 25a: Column D minus Column H	
Line 26: Column D minus Column H	
Line 26a: Column D minus Column H	
Line 27: Column D minus Column H	
Line 31: Column D minus Column H	1,440
Line 31a: Column D minus Column H	11,055
Line 18: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	265,509

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		SUMMARY COST REPORT										DEPARTMENT OF MENTAL HEALTH	
SUMMARY FUNDING SOURCES												Fiscal Year 2009-2010	
MH 1992_SUM (07/07)													
County: County													
County Code: 59													
Legal Entity:	All Reporting Legal Entities	A	B	C	D	E	F	G	H	I	J	CROSSCHECKS	
Legal Entity No.:		Admin / Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity		
1	Gross Cost	497,242	157,330	3,988	84,153		1,416,147	341,265		18,432	2,518,557	OK	
2	Adjustments												
3	Adjusted Gross Cost	497,242	157,330	3,988	84,153		1,416,147	341,265		18,432	2,518,557		
Funding Sources												OK	
Grants													
4	SAMHSA Grants						10,018				10,018		
5	PATH Grants											OK	
6	RWJ Grants												
7	Other Grants												
8	Total Grants Accrued						10,018				10,018	OK	
9	Patient Fees						26,973				26,973		
10	Patient Insurance						18,189				18,189		
11	Regular SD/MC (FFP only)	32,519	98,331				267,045				397,896	OK	
12	Healthy Family - Fed share	2,321					23,205				25,526		
13	Medicare - Fed. Share												
14	Conservatorship Admin. Fees											OK	
15	State General Fund-State Share												
16	State General Fund-County Match												
17	SGF-Managed Care - Outpatient						5,875				5,875	OK	
18	05-06 Rollover - Managed Care - Outpatient						121,164				121,164		
19	EPSDT SD/MC - State Share Est.						95,684				95,684		
20A	05-06 SGF Rollover											OK	
20B	Other Revenue												
21	Realignment Funds/MOE*	462,403	58,999	3,988	84,153		833,952			18,432	1,461,927		
22	Prior Years - MHSA											OK	
23	MHSA						177	341,265			341,442		
24	County Overmatch												
25	CALWORKS						13,865				13,865	OK	
26	Total Funding Sources	497,242	157,330	3,988	84,153		1,416,147	341,265		18,432	2,518,558		
* Realignment Funds include match for Short-Doyle/Medi-Cal FFP.													
Line 3 = Line 24? OK		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	1	
Amt. to Balance to Line 3:		0	0	0	0	0	0	0	0	0	0		
<div style="text-align: right;">Show / Hide SGF Managed Care (DMH Only)</div>													

COUNTY OF: County	
COUNTY CODE: 59	
DATE COMPLETED: 7/20/2010	
	<b>A</b>
<b><i>FY 2008-2009 Rollover</i></b>	State General Fund
1) FY 2008-2009 SGF Mental Health Contingency Reserve	121,164
Less	
2a) FY 2008-2009 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2009-2010	
Less	
2b) FY 2008-2009 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2009-2010	(121,164)
3) Total SGF Mental Health Contingency Reserve	0
<b><i>FY 2009-2010 Allocation</i></b>	
4) FY 2009-2010 SGF Managed Care Allocation	131,529
Plus	
5) FY 2008-2009 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
Less	
6) FY 2009-2010 FFS/MC Expenditures Acute Inpatient Hospital Days	(525)
Less	
7) FY 2009-2010 FFS/MC Expenditures Inpatient Hospital Administrative Days	
Less	
8) FY 2009-2010 FFS/MC Expenditures Outpatient Mental Health Services	(5,875)
Less	
9) Other FY 2009-2010 State General Fund Expenditures Other Mental Health Services	
Less	
10) FY 2009-2010 State General Fund Mental Health Contingency Reserve	(125,129)
Total	
11) FY 2009-2010 Unexpended/Uncommitted State General Fund Balance	0
<b>Summary_Flow</b>	

<b>CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY</b>		<b>DEPARTMENT OF MENTAL HEALTH</b>
<b>REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (07/07)</b>		<b>Fiscal Year 2009-2010</b>
COUNTY OF:           County COUNTY CODE:       59 DATE COMPLETED: 7/20/2010		
<b><i>Prior Years Balance</i></b>		<b>A</b>
1)	Prior Years Mental Health Services Act Balance	\$ 280,548
2)	Less Prior Years Mental Health Services Act Expenditures	
3)	<i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>	\$ 280,548
<b><i>FY 2009-2010 Distribution</i></b>		
4)	FY 2009-2010 Mental Health Services Act Distribution	\$ 411,792
5)	Plus: Interest Earned on Mental Health Services Act FY 2009-2010	\$ 15,040
6)	Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)	\$ 280,548
7)	Less FY 2009-2010 Mental Health Services Act Expenditures	\$ 341,442
8)	Total FY 2009-2010 Unexpended Mental Health Services Act Funding	\$ 365,938
4) Enter current year Mental Health Services Act Distribution. 5) Enter Interest Earned on Mental Health Services Act Distribution. 6) No entry, this line is picked up from line 3 above. 7) Enter the amount of Mental Health Services Act expenditures for the current year. 8) Unexpended Mental Health Services Act to be used for future periods.		
<div style="border: 1px solid black; display: inline-block; padding: 2px 10px; background-color: #f0f0f0;"> <b>Summary_Flow</b> </div>		

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
YEAR-END COST REPORT  
MH 1940 (07/07)**
**DEPARTMENT OF MENTAL HEALTH**
**Fiscal Year 2009-2010**

COUNTY OF: County

COUNTY CODE: 59

**FISCAL YEAR ENDING**
**JUNE 30, 2010**

ADDRESS: 912 Direct Cost Way  
Indirect Cost, CA 55555  
0

PREPARED BY: Summary Sam

PHONE: 555-555-5555

Date Completed: July 20, 2010

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 1,829,626	\$ 688,931	\$ 2,518,557
2. LESS: REVENUE	( 1,823,751 )	( 265,509 )	( 2,089,261 )
3. SUBTOTAL	5,875	423,421	429,296
4. LESS: COUNTY SHARE (PER MH 1909)	( 0 )		( 0 )
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	5,875	423,421	429,296
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 5,875	\$ 423,421	\$ 429,296
<b>FUNDING SOURCES: 4440-</b>			
8. OTHER FUNDS	0	423,421	\$ 423,421
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	0	0	0
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	5,875	0	5,875
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 5,875	\$ 423,421	\$ 429,296
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 525		\$ 525
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 95,684		\$ 95,684

OK

OK

**Summary\_Flow**

OK

OK

OK



**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
YEAR-END COST REPORT  
MH 1940 (07/07)**
**DEPARTMENT OF MENTAL HEALTH**
**Fiscal Year 2006-2007**

COUNTY OF: MY COUNTY

COUNTY CODE: 87

**FISCAL YEAR ENDING**
**JUNE 30, 2007**

ADDRESS: Direct Cost Road

0

0

PREPARED BY: Eymeka

PHONE: (999) 999-9999

Date Completed: July 30, 2007

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 4,124,821	\$ 9,818,214	\$ 13,943,035
2. LESS: REVENUE	( 3,390,321 )	( 4,850,348 )	( 8,240,668 )
3. SUBTOTAL	734,500	4,967,867	5,702,367
4. LESS: COUNTY SHARE (PER MH 1909)	( 0 )		( 0 )
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	734,500	4,967,867	5,702,367
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	595,000		595,000
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 1,329,500	\$ 4,967,867	\$ 6,297,367
<b>FUNDING SOURCES: 4440-</b>			
8. OTHER FUNDS	0	4,372,867	\$ 4,372,867
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	764,500	550,000	\$ 1,314,500
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	65,000	45,000	110,000
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	500,000	0	500,000
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 1,329,500	\$ 4,967,867	\$ 6,297,367
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 150,000		\$ 150,000
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 312,750		\$ 312,750

OK

OK

**Summary\_Flow**

OK

OK

OK

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY  
YEAR-END COST REPORT  
MH 1940 (07/07)****DEPARTMENT OF MENTAL HEALTH****Fiscal Year 2009-2010****COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section 1090 through 1096 of the Government Code and with respect to MHSA funding, certify that the County is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and WIC Section 5891 and that to the best of my knowledge and belief this claim is in all respects true, correct, and in accordance with the law.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Local Mental Health Director

Executed at \_\_\_\_\_, California

I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title \_\_\_\_\_  
(County Auditor-Controller or City Finance Officer)

Executed at \_\_\_\_\_, California

Date Uploaded: \_\_\_\_\_

Upload ID: \_\_\_\_\_

Upload File Name: \_\_\_\_\_

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

## MH1979/1992 Reconciliation by Legal Entity

MH 1979\_1992\_RECON (07/07)

Fiscal Year 2009-2010

County: County  
 County Code: 59

A	B	C	D	E
Legal Entity Name	Legal Entity Number	MH1979 Total FFP	MH1992 Total FFP	Variance
County Mental Health	00059	\$397,773	\$397,773	\$0
Children's Mental Health Network	05832	\$25,648	\$25,648	\$0
Mental Health Foundation, Inc.	06325	\$0	\$0	\$0
		\$423,421	\$423,421	\$0

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY			DEPARTMENT OF MENTAL HEALTH
<b>Total Medi-Cal Costs from MH1979_Sum</b>			
<b>MH_EPSDT</b>			<b>Fiscal Year 2009-2010</b>
County: County			
County Code: 59			
<b>Inpatient Costs</b>	<b>Line</b>		
	24	Direct Services 7/1 - 9/30	\$0
	24A	Direct Services 10/1 - 6/30	\$0
	25	Enhanced Children 7/1 - 9/30	\$0
	25A	Enhanced Children 10/1 - 6/30	\$0
	26	Enhanced BCCTP 7/1 - 9/30	\$0
	26A	Enhanced BCCTP 10/1 - 6/30	\$0
	18	Enhanced Refugees 7/1 - 6/30	\$0
		Subtotal Inpatient SD/MC Costs	\$0
		<b>Total Inpatient Costs</b>	<b>\$0</b>
<b>Outpatient Costs</b>			
	24	Direct Services 7/1 - 9/30	\$85,561
	24A	Direct Services 10/1 - 6/30	\$348,025
	25	Enhanced Children 7/1 - 9/30	\$0
	25A	Enhanced Children 10/1 - 6/30	\$0
	26	Enhanced BCCTP 7/1 - 9/30	\$0
	26A	Enhanced BCCTP 10/1 - 6/30	\$0
	18	Enhanced Refugees 7/1 - 6/30	\$0
		Subtotal Outpatient SD/MC Costs	\$433,586
		<b>Total Outpatient Costs</b>	<b>\$433,586</b>
<b>Admin/UR/MAA</b>			
	6+18	Admin	\$65,038
	22	UR/Skilled	\$91,251
	23	UR/Other	\$59,786
	19 + 20	MAA/50%	\$0
	21	MAA/75%	\$0
		<b>Total Admin/UR/MAA</b>	<b>\$216,075</b>
		<b>Grand Total</b>	<b>\$649,661</b>

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

## InPatient/Outpatient Summary 2009-2010

MHINOUT (07/07)

Fiscal Year 2009-2010

County: County  
County Code: 59

A	B	C	D	E	F	G	H	I
		Inpatient Column E			Outpatient Column K			Total
Legal Entity Name	Legal Entity Number	MH1968 M/C Reim. 7/1-9/30 Line 21	MH1968 M/C Reim. 10/1-6/30 Line 21a	MH1968 M/C Reim. Refuge Line 22	MH1968 M/C Reim. 7/1-9/30 Line 21	MH1968 M/C Reim. 10/1-6/30 Line 21a	MH1968 M/C Reim. Refuge Line 22	Inpatient/Outpatient M/C Reimbursable Costs
County Mental Health	00059	\$0	\$0	\$0	\$67,702	\$324,240	\$0	\$391,942
Children's Mental Health N	05832	\$0	\$0	\$0	\$17,859	\$23,785	\$0	\$41,643
Mental Health Foundation,	06325	\$0	\$0	\$0	\$0	\$0	\$0	\$0
		\$0	\$0	\$0	\$85,561	\$348,025	\$0	\$433,586

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

## DEPARTMENT OF MENTAL HEALTH

## MH1992 Detail 2009-2010

MH1992Detail (07/07)

Fiscal Year 2009-2010

County: County  
County Code: 59

A	B	C	D	E	F	G	H	I
Legal Entity Name	Legal Entity Number	MH1992 Adjustment Line 2	MH1992 Adj Gross Cost Line 3	MH1992 SD/MC FFP Line 11	MH1992 HF FFP Line 12	MH1992 SGF - State Share Line 15	MH1992 SGF-County Match Line 16	MH1992 SGF-Managed Care Line 17
County Mental Health	00059	\$0	\$2,226,467	\$372,247	\$25,526	\$0	\$0	\$5,875
Children's Mental Health Network	05832	\$0	\$203,949	\$25,648	\$0	\$0	\$0	\$0
Mental Health Foundation, Inc.	06325	\$0	\$88,141	\$0	\$0	\$0	\$0	\$0
		\$0	\$2,518,557	\$397,896	\$25,526	\$0	\$0	\$5,875

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## **APPENDIX E**

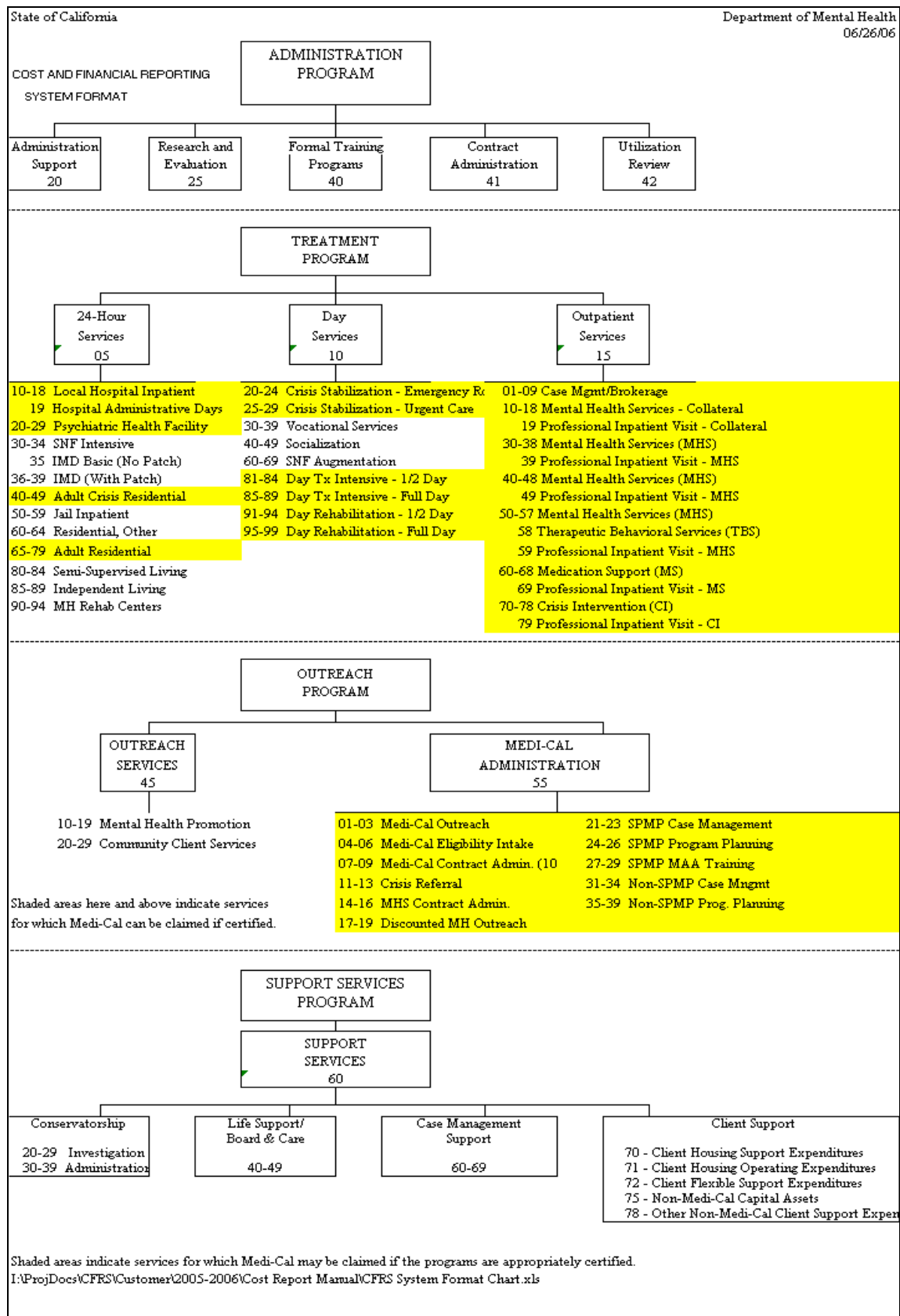
### **CFRS System Format**

#### **FY 2009-2010 SD/MC Statewide Maximum Allowance**

#### **FY 2009-2010 Statewide Allocation Worksheet**



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<b>FISCAL YEAR 2009-10</b> <b>STATE MAXIMUM ALLOWANCES</b> <b>SHORT-DOYLE/MEDI-CAL</b> <b>REIMBURSEMENT RATES</b> July 1, 2009 through June 30, 2010					<b>Revised 3/4/2010</b>
	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
<b>SERVICE FUNCTION</b>					
<b>A. 24-HOUR SERVICES</b>	<b>05</b>				
Hospital Inpatient		<b>07, 08, 09</b>	10-18	Client Day	\$1,129.78
Hospital Administrative Day		<b>07, 08, 09</b>	19	Client Day	7/1/09 - 7/31/09 \$351.26 8/1/09 - 2/23/10 \$351.26 2/24/10 - 6/30/10 \$381.37
Psychiatric Health Facility (PHF)		<b>05</b>	20-29	Client Day	\$585.30
Adult Crisis Residential		<b>05</b>	40-49	Client Day	\$330.05
Adult Residential		<b>05</b>	65-79	Client Day	\$160.99
<b>B. DAY SERVICES</b>	<b>10</b>	<b>12, 18</b>			
Crisis Stabilization			20-24	Client Hour	\$94.54
Emergency Room			25-29	Client Hour	\$94.54
Urgent Care					
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$144.13
Full Day			85-89	Client Full Day	\$202.43
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$84.08
Full Day			95-99	Client Full Day	\$131.24
<b>C. OUTPATIENT SERVICES</b>	<b>15</b>	<b>12, 18</b>			
Case Management, Brokerage			01-09	Staff Minute	\$2.02
Mental Health Services			10-19	Staff Minute	\$2.61
			30-59	Staff Minute	\$2.61
Medication Support			60-69	Staff Minute	\$4.82
Crisis Intervention			70-79	Staff Minute	\$3.88

DEPARTMENT OF MENTAL HEALTH  
Fiscal Year 2009-10

COMMUNITY MENTAL HEALTH SERVICES  
ALLOCATION WORKSHEET  
REVISION NUMBER 0

### STATEWIDE

PROGRAM	CURRENT ALLOCATION	ADJUSTMENT	TOTAL ALLOCATION
Community Services -- Other Treatment	\$0	\$0	\$0
Community Services -- Other Treatment for Mental Health Managed Care	\$112,524,000	\$0	\$112,524,000
Mental Health Services AB 3632	\$0	\$0	\$0
<b>TOTAL COMMUNITY SERVICES</b>	<b>\$112,524,000</b>	<b>\$0</b>	<b>\$112,524,000</b>

### PROGRAM DATA BY FUND SOURCES

4440-101-0001(1) Community Services -- Other Treatment	\$0	\$0	\$0
4440-103-0001(1) Community Services -- Other Treatment for Mental Health Managed Care	\$112,524,000	\$0	\$112,524,000
4440-104-0001 Mental Health Services AB 3632	\$0	\$0	\$0
<b>TOTAL FUND SOURCES</b>	<b>\$112,524,000</b>	<b>\$0</b>	<b>\$112,524,000</b>

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## **APPENDIX F**

### **Submittal File to DMH**

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**Submittal File to DMH****Table of Contents**

<b>Introduction.....</b>	<b>2</b>
<b>Business Processes and Automated Desk Edits Cycle .....</b>	<b>3</b>
<b>Cost Report Template Files .....</b>	<b>6</b>
<b>File Naming Conventions - Detail Cost Report(s).....</b>	<b>7</b>
<b>File Naming Conventions - Summary Cost Report.....</b>	<b>9</b>
<b>File Naming Conventions - Submittal File .....</b>	<b>10</b>
<b>Desk Edits Results File .....</b>	<b>11</b>
<b>File Naming Conventions – Samples .....</b>	<b>13</b>



## Introduction

The FY 2009-2010 Cost Report packaging, naming conventions, automated desk edits, error correction cycle, and submittal process to DMH are described in this section.

The cost report will be distributed to the counties via the DMH Information Technology Web Server (ITWS). Counties are required to download the appropriate cost report template(s) from ITWS and distribute the template(s) to their contract provider legal entities by any method that will not change the electronic format of the template(s). The contract provider legal entities, after the completion of their cost reports, must return them to their county for review, verification, and approval. The counties are required to package these cost reports and submit the package to DMH through the ITWS electronic submission process.

### COST REPORT FILES

The cost report files for this year remain an Excel based spreadsheet application. There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report for Legal Entities (contract or county), Medi-Cal and Non-Medi-Cal; and
2. A Summary Cost Report for each county or local mental health agency linking information from all legal entities.

### SUBMITTAL FILE

The county Submittal File is the “package” that the county submits to DMH. The completed detail cost reports and the summary county cost report are combined into a single “package” called a “submittal file”. This packaging is completed through an archiving process called zipping. (Zipping gets its name from a product, or multitude of products, which combine files, called PKZIP. Further description and product information can be found at <http://www.pkware.com> and/or your local county information technology group.)

The submittal file (zipped file) is uploaded (submitted) to DMH ITWS. The name of the submittal file must conform to the submittal file naming conventions. See the sections on File Naming Conventions. Files not conforming to the specified naming conventions cannot be processed by DMH.

```

graph TD
    Start1((1)) --> County1([County])
    County1 --> Logon[Logon]
    Logon --> ITWS1[ITWS]
    ITWS1 --> Download1[Download]
    ITWS1 --> Download2[Download]
    Download1 --> Detail[Detail Template Cost Report]
    Download2 --> Summary[Summary Template Cost Report]
    Detail --> Complete1[Complete 1 for EACH Legal Entity]
    Complete1 --> Validate1[Validate]
    Validate1 --> Crosscheck1[Crosscheck(s)]
    Crosscheck1 --> Errors1{Errors}
    Summary --> Complete2[Complete 1 for THE County]
    Complete2 --> Include[Include Detail LE #'s]
    Include --> INFO_SUM[INFO_SUM]
    INFO_SUM --> COMPUTE[COMPUTE]
    COMPUTE --> Crosscheck2[Crosscheck(s)]
    Crosscheck2 --> Errors1
    Errors1 -- YES --> Correct[Correct Error's]
    Errors1 -- NO --> Verify1[Verify accuracy]
    Errors1 -- NO --> Verify2[Verify accuracy]
    Errors1 -- NO --> Verify3[Verify accuracy]
    Verify1 --> ZIP1[ZIP]
    Verify2 --> ZIP2[ZIP]
    Verify3 --> ZIP3[ZIP]
    ZIP1 --> ZIP_ALL[ZIP ALL Excel.xls and Create Submittal File]
    ZIP2 --> ZIP_ALL
    ZIP3 --> ZIP_ALL
    ZIP_ALL --> CFRS[CFRS_20062007_CC_X_SUBMITTAL.ZIP]
    CFRS --> End1((5))

    Start2((5)) --> County2([County])
    County2 --> Upload[Upload]
    Upload --> ITWS2[ITWS]
    ITWS2 --> ValidateFile{Validate File Name}
    ValidateFile -- No --> End1
    ValidateFile -- Yes --> Assign[* Assign Upload ID, and attach to Filename]
    Assign --> Copy1((FILE))
    Assign --> EMAIL1[EMAIL "Submission Notification" to County & CFPS]
    EMAIL1 --> Automated[Automated DeskEdit]
    Automated --> Results[Results File with attached UploadID]
    Results --> Copy2((FILE))
    Results --> EMAIL2[EMAIL "Processed Notification", and Results File County & CFPS]
    EMAIL2 --> Review[Review Results File]
    Review --> Errors2{Errors}
    Errors2 -- YES --> Correct
    Errors2 -- NO --> Done((Done))
    Correct --> End1
  
```

Cost and Financial Reporting System  
Packaging and Submission  
Flowchart  
Rev. July, 2007

ITWS/County Directory  
CFRS\_20092010\_CC\_X\_UPID\_SUBMITTAL.ZIP  
CFRS\_20092010\_CC\_X\_UPID\_REPORT.TXT

**Step 1.** Logon to ITWS

- This requires enrollment to ITWS and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider / Legal Entity System.

**Step 2.** Download the Cost Report Template(s)

- The Detail Cost Report Template is:  
CFRS\_20092010\_CC#####X\_Detail\_Template.xls
- The Summary Cost Report Template is:  
CFRS\_20092010\_CC00000X\_Summary\_Template.xls

**NOTE:** There may be additional information attached to the names of these file to describe the versions that are currently being used. Please download the most recent version of these files; i.e., (V10.3 & V2.80).

**Step 3.** Rename and complete the Cost Report(s)

- RENAME and CREATE a COPY of the Detail Cost Report Template for:
  - 1 for EACH Contract Provider Legal Entity
  - 1 for the County Legal Entity
- RENAME and CREATE a COPY of the Summary Cost Report Template for:
  - 1 for The County Only
- Complete these cost reports according to the instructions in the manual.

**Step 4.** ZIP ALL excel.xls and create Submittal File

- ALL cost report files (.xls) must be Zipped together into a submittal file (.zip). This ZIP file is also called an archive. Use the ZIP utility (i.e., PKZIP) to accomplish this.
- Note, you must create the name of this submittal file according to the naming conventions specified in this section.

**Step 5.** Upload/Submit the Cost Report package to ITWS

- Logon to ITWS and go to the CFRS system.
- Select FUNCTIONS > UPLOAD, and specify the name of the submittal file that was created from the ZIP step for submission to DMH.
- ITWS will return a confirmation message stating a successful upload process.
- You and CRFS will also receive an email notification stating that the file has been successfully received by DMH.
- The email will entail specific information regarding your email, and also an accompanying Upload ID number, which indicates this file in the CFRS system. Please note this Upload ID number for further notices and reports.

- Step 6.        Automated DMH Desk Edits
- DMH will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
  - You will receive an email stating that the file has been processed through the automated desk edits. The results of the automated desk edits will be attached. The attached RESULTS FILE is a TEXT file and will be named according to the submittal file that was uploaded. The name of the RESULTS FILE will include the Upload ID number that was assigned when the submittal file was received by DMH.
  - You can also logon to ITWS to review the RESULTS text file. Use the Upload ID number assigned to the submittal file to find the appropriate RESULTS text file.
- Step 7.        Review the Results File
- The Results File will include any processing errors found by the automated Desk Edit for all Detail Cost Reports and the Summary Cost Report.
- Step 8.        Correct any errors
- The county corrects the errors listed in the Results File.
  - After corrections to the cost reports are completed, ALL cost report files (.xls) must again be Zipped together into a submittal file (.zip), see Step 4. The submittal file (zipped file) is uploaded to DMH ITWS, see Step 5.
- Step 9.        Repeat Step 4 through Step 8 until the Results File contains no errors.
- Step 10.       Finished

**NOTE:** After completing Step 5, the Upload/Submit step, the accompanying email that you receive specifies the Upload ID number of the submittal file. This Upload ID number must be used on the MH1940 that is sent to DMH. It is the “binding” number, which details when your cost report is actually received by DMH. You must submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DMH within 10 (ten) business days of the first submission of your cost report.

## Cost Report Template Files

The FY 2009-2010 Cost Report Templates are downloaded by the county from DMH ITWS. Remember, there are two templates:

- A template for the Detail Cost Report. RENAME and create a COPY of the Detail Cost Report template for EACH Legal Entity (contract or county), Medi-Cal and Non-Medi-Cal. Name the files according to the naming conventions specified in this section.
- A template for the Summary Cost Report. RENAME and create a copy of the Summary Cost Report template. Name the file according to the naming conventions specified in this section. The Summary Cost Report is to be completed by the County Only.

These files are located on ITWS have the following name:

- CFRS\_20092010\_CC#####X.XLS\_(V10.3)\_Detail\_Template.XLS
  - This is the Detail Cost Report.
  - The '#####' will be replaced by the number associated with the Legal Entity.
- CFRS\_20092010\_CC00000X.XLS\_(V2.80)\_Summary\_Template.XLS
  - This is the Summary Cost Report
  - The '00000' denotes a Summary Cost Report. It must remain as '00000' as it indicates the Summary Cost Report to be complete by the County.

**NOTE:** These files reflect a version number that is used internally when creating the Cost Reports. These files are the templates to be used for completing the Cost Reports, and the versions and names are for identification purposes.

**File Naming Conventions - Detail Cost Report(s)**

All naming conventions for **DETAIL** Cost Reports follow this format:

**CFRS\_20092010\_CC#####X.XLS**

Where:

<b>CC</b>	County Code
<b>#####</b>	5-digit number which identifies the legal entity # of the cost report for which the file is being submitted. Check your Legal Entity File for correct Legal Entity numbers of your providers that you are using.
<b>X</b>	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and or DMH use.

## LEGAL ENTITY NUMBERS

Legal Entity numbers are assigned by DMH by the type of Legal Entity they represent. These are essentially encoded with the 5-character Legal Entity numbering system of the Legal Entity File. Your 5-character Legal Entity numbers will resemble the following format. These are general rules and you should contact the DMH Statistics and Data Analysis (SDA) group if you have further questions or problems about these designations.

<i>00000</i>	A Legal Entity number with 5 zeroes indicates that this is a Summary County Cost Report. This is very important!!!
<i>000##</i>	A Legal Entity number with 3 leading zeroes indicates that this is the County Legal Entity. Example, 00087 would indicate the County Legal Entity for County 87.
<i>00F87</i>	A Legal Entity number with 2 leading zeroes, then an "F" and a number, indicates that this is the FFS (Fee for Service) Legal Entity for the county. Example, 00F87 would indicate the FFS Legal Entity for County 87.
<i>AFC##</i>	A Legal Entity number with "AFC" as the preceding 3 characters indicates that this is an Administrative Services Organization (ASO) Legal Entity. The remaining 2 characters indicates that County Code. Example, AFC87 would indicate the ASO Legal Entity for County 87.
<i>HFP##</i>	A Legal Entity number with "HFP" as the preceding 3 characters indicates that this is a Healthy Families (Fee-For-Service) inpatient services and is used to claim all HFP inpatient services that occur in hospitals settings that would be fee-for-service if used for Medi-Cal children.
<i>#####</i>	Any other number is the 5-digit number which identifies the Legal Entity number. Check your Legal Entity File for correct Legal Entity numbers of the providers that you are using.

**File Naming Conventions - Summary Cost Report**

All naming conventions for the SUMMARY Cost Reports follow this format:

**CFRS\_20092010\_CC#####X.XLS**

Where:

<b>CC</b>	County Code
<b>00000</b>	5-zeroes. This must be specified.
<b>X</b>	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.



**File Naming Conventions - Submittal File**

All naming conventions for **SUBMITTAL** Package follow this format:

**CFRS\_20092010\_CC\_X\_SUBMITTAL.ZIP**

Where:

CC	County Code
X	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.

**NOTE:** If you need help using ZIP, or more formally known as PKZIP, please see <http://www.pkware.com> for instructions on using this and other ZIP products.

Further, when this file is uploaded to ITWS, it will be assigned an internal Upload ID (UpID) number. This UpID number will be referenced in all documentation regarding this file. You will also receive an email describing this and its newly renamed file.

Example:

**1. CFRS\_20092010\_87\_B\_SUBMITTAL.ZIP**

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, and it will entail the Upload ID that was assigned when this file was uploaded. This number will now be in the name of the file in your county directory on ITWS and all reference documentation regarding this upload will be specified.

**2. CFRS\_20092010\_87\_B\_7070\_SUBMITTAL.ZIP**

This is how the file will look with the Upload ID specified as part of the renamed file. This will be automatically be done by DMH and will look this way on ITWS.

## Desk Edits Results File

After you have UPLOADED your Cost Report submittal file to ITWS, you will receive the following electronic communication from DMH:

1. An instant notification from ITWS saying your file was successfully uploaded.
2. Also, you will receive an email notification in your Inbox stating that DMH received your file as well.

In the meantime, DMH will be processing your uploaded submittal file and when done, the following will happen:

1. Notify you via an email notification in your Inbox stating that DMH has processed your file and the results of this process are available for viewing (or downloading) on ITWS.
2. Next, you need to Logon to ITWS to view the file and determine if the automated desk edit processing is successful or not.
3. If NOT, then make necessary corrections on your local copies of the cost reports, re-ZIP into a new Submittal File, and re-Upload to ITWS.
4. Cost report is not considered ACCEPTED, until all errors on both the detail and summary cost reports pass the automated edits.

The attached report file returned to you in the email will be named according to the following format. It will also be on ITWS with the same name as:

**CFRS\_20092010\_CC\_X\_UPID\_REPORT.TXT**

Where:

CC	County Code
X	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.
UPID	Upload ID that was assigned when your submittal file was uploaded to ITWS.

Example:

**CFRS\_20092010\_87\_B\_7070\_REPORT.TXT**

**NOTE:** This is a text document. Use Notepad or a similar product to open and read its content.

The Cost Report submission, editing and correction cycles will produce files of different types. These files may be Notification and Return Files, or possible Error files as well. These files are created by the DMH Cost and Financial Reporting System (CFRS) and placed on the DMH ITWS servers so the counties may download them, examine them, and determine if any corrective or continuing action needs to be taken. Also, any errors that they may have submitted in the Cost Report submission package will be listed here as well.

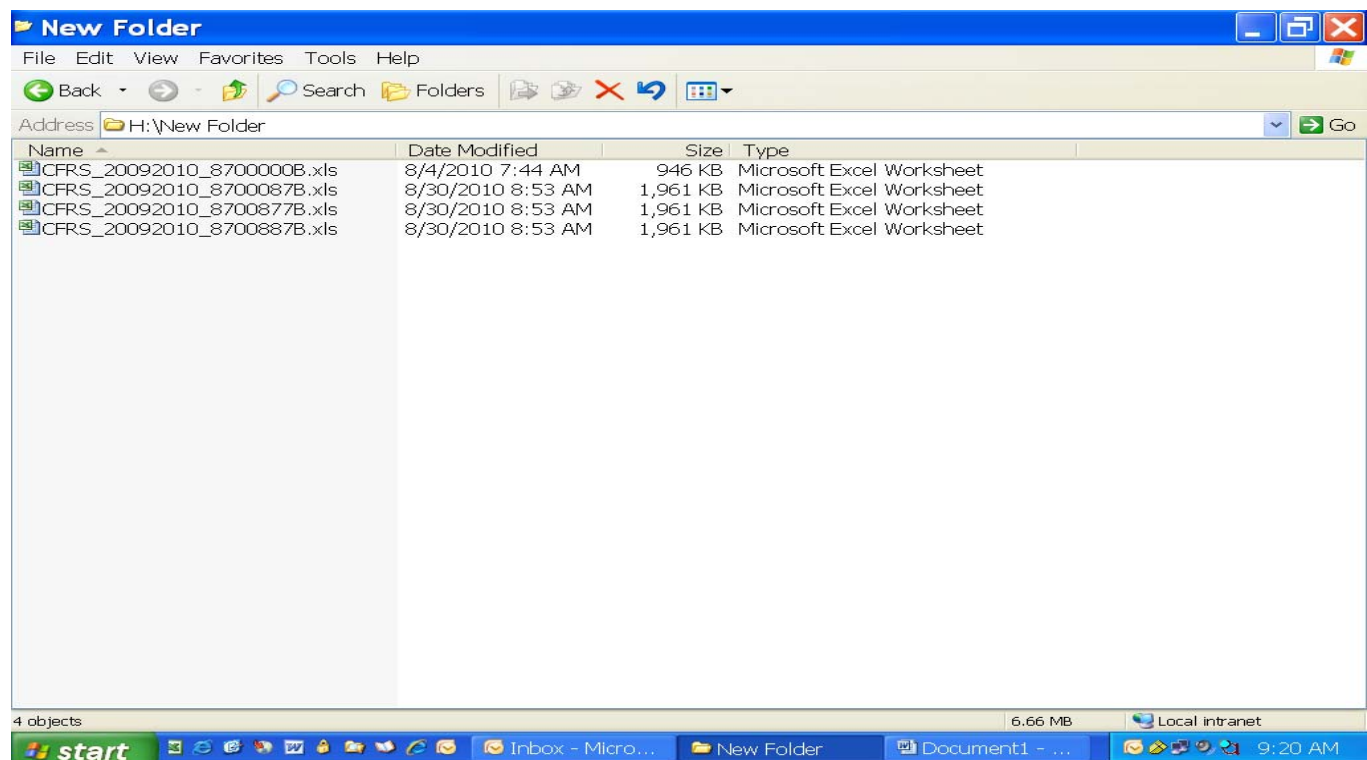
After a cost report has been submitted, the CFRS will process the submission package and will create the files on the ITWS server within one day after DMH receives a CFRS submittal file.

## File Naming Conventions – Samples

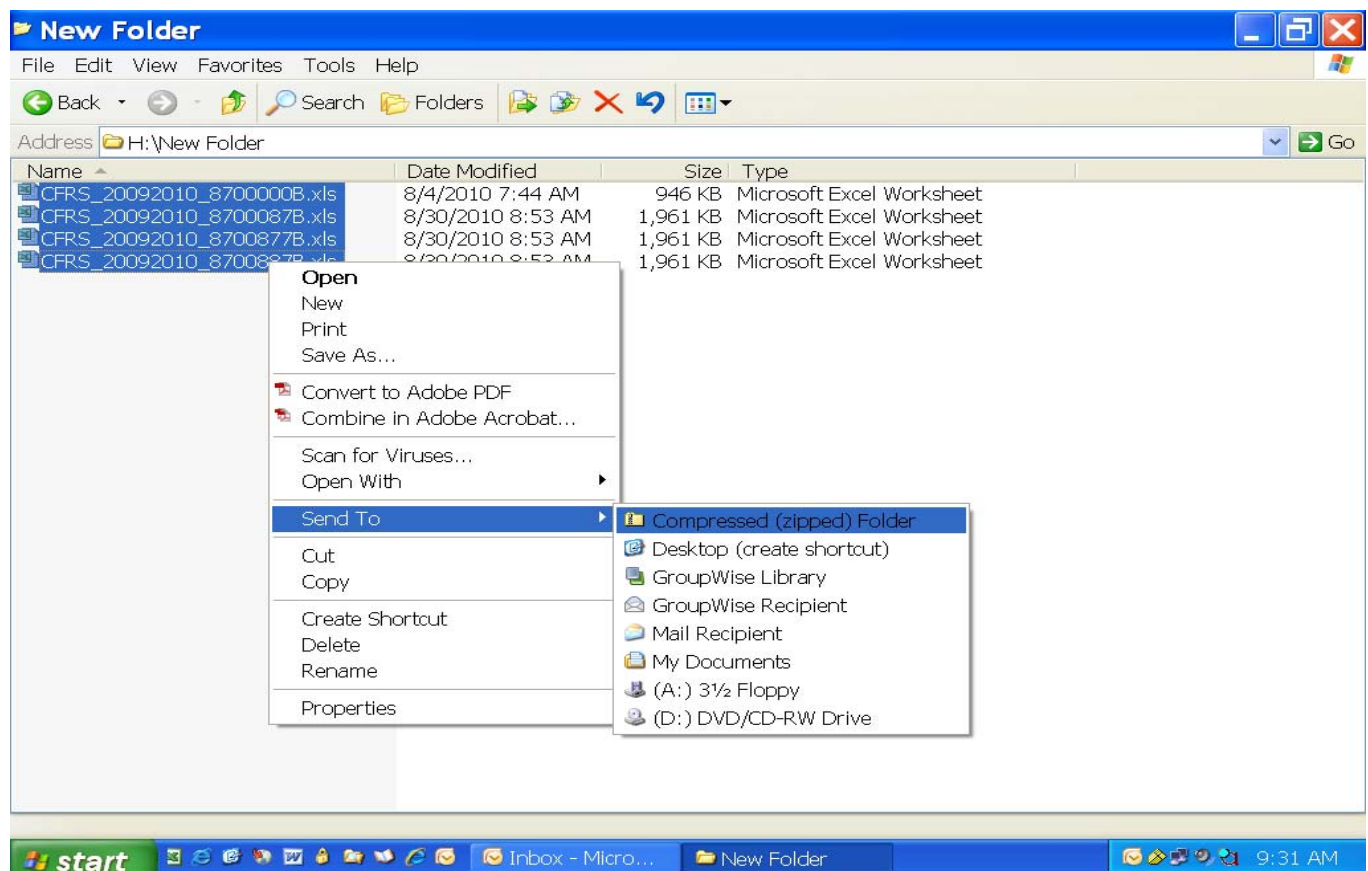
The Detail and Summary Cost Reports are built and named according to the naming conventions. Reminder, the Summary Cost Report contains the list of the Legal Entities that are being submitted as part of the Cost Report package.

This example would represent a sample of names for cost reports to be submitted as part of the submittal package to DMH ITWS:

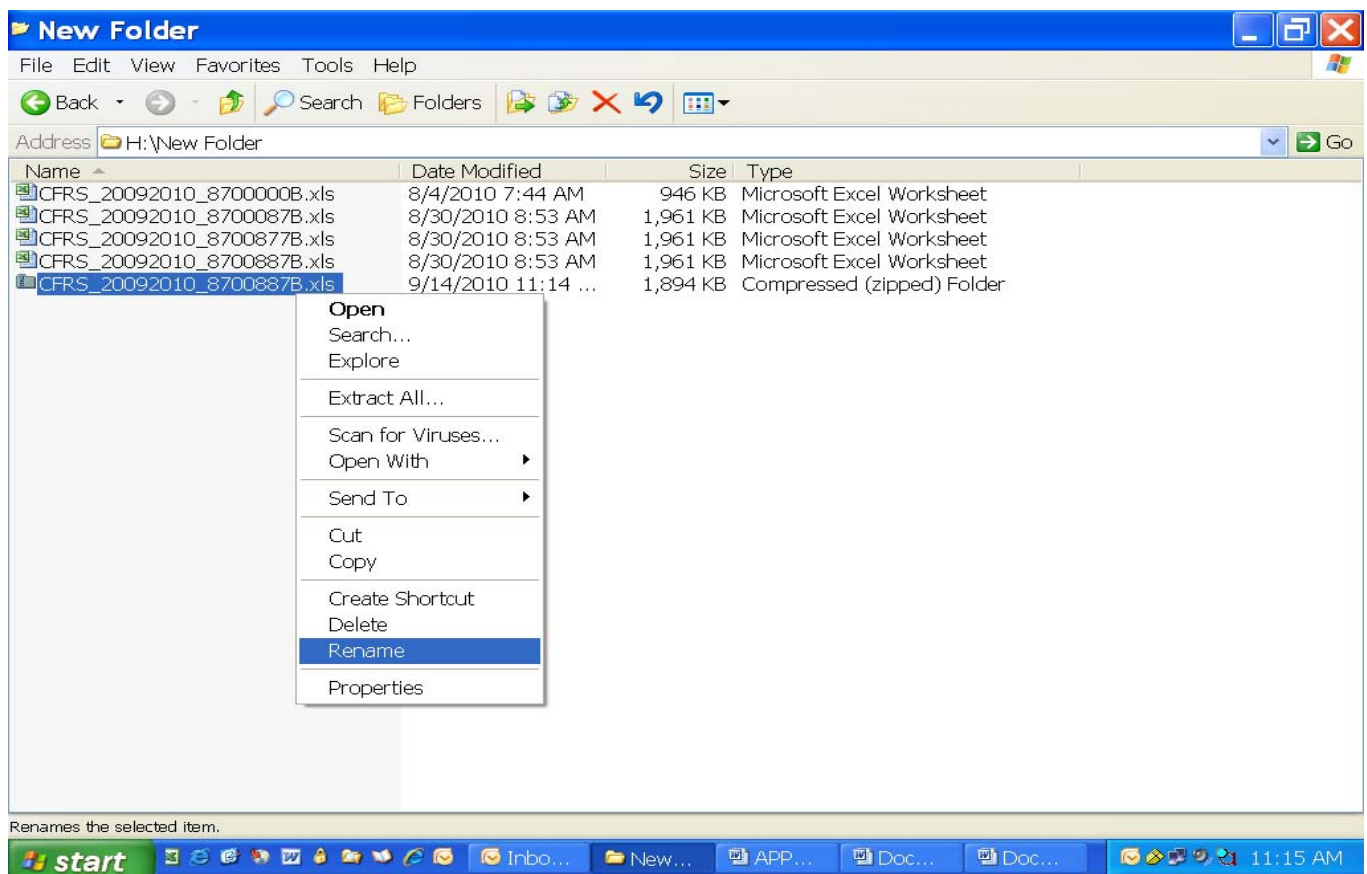
CFRS_20092010_8700000B.XLS	Summary County Cost Report for County 87. Notice all 0's (Zeroes) in the file name and only the County Code is present
CFRS_20092010_8700087B.XLS	Detail Cost Report for County 87 Legal Entity. Notice the 3 0's (Zeroes) in the file name and then the County Code is present.
CFRS_20092010_8700877B.XLS	Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “
CFRS_20092010_8700887B.XLS	
CFRS_20092010_8700755B.XLS	
CFRS_20092010_8700205B.XLS	
CFRS_20092010_8700223B.XLS	
CFRS_20092010_8700227B.XLS	
CFRS_20092010_8700249B.XLS	
CFRS_20092010_8700269B.XLS	
CFRS_20092010_8700277B.XLS	
CFRS_20092010_8700279B.XLS	



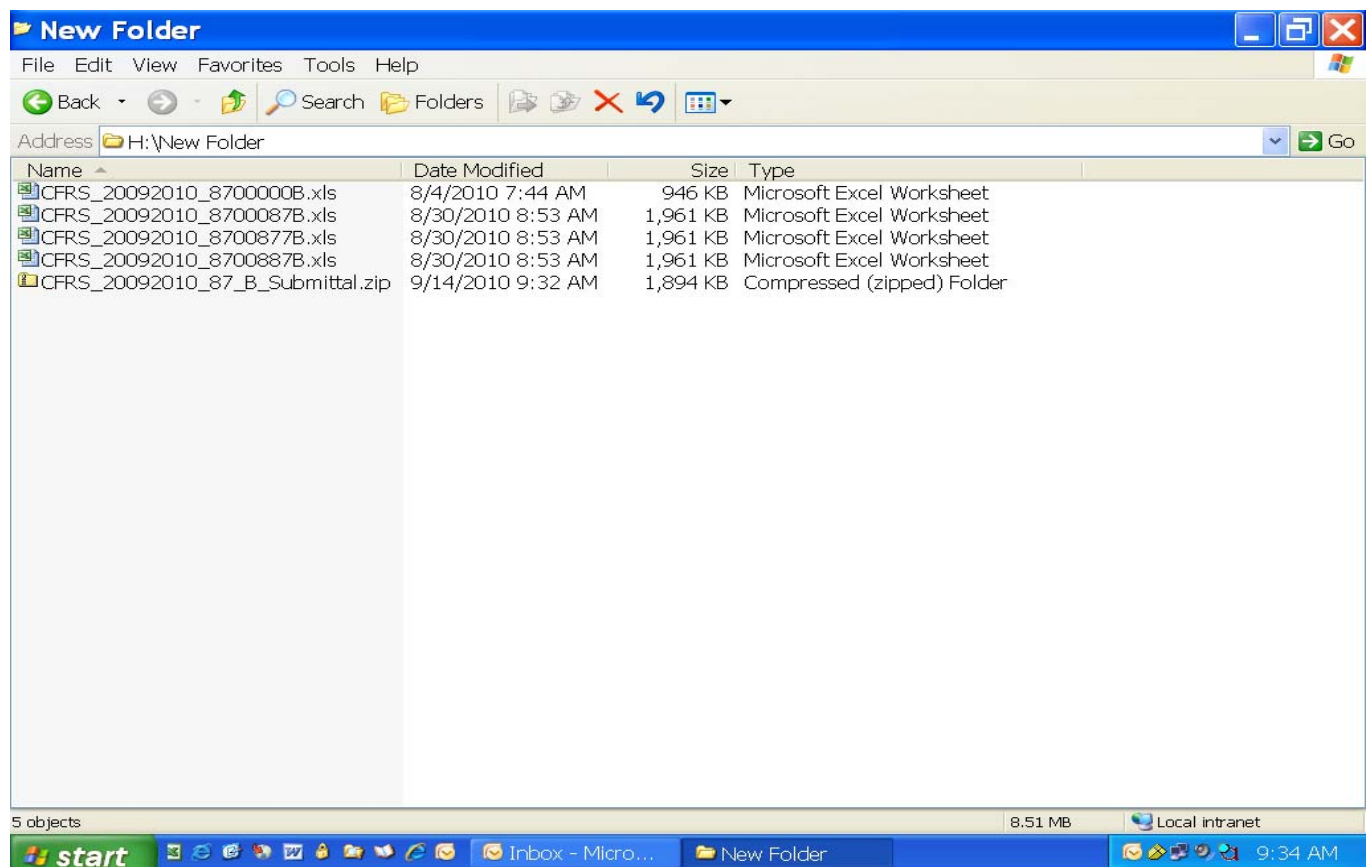
Example of Windows directory (Folder) with all the County Cost Reports in one location.



Example showing that all files need to be ZIPPED together and processed into a ZIP file. You will need to name the ZIP file according to your naming conventions as specified in this appendix.



Rename file CFRS\_20092010\_87\_B\_Submittal.Zip



See the section on File Naming conventions for the ZIP Submittal File for how this file should be named.

- This ZIP file (a.k.a, the SUBMITTAL file) is what needs to be sent to DMH
- Logon to DMH ITWS, and UPLOAD (i.e., SUBMIT) this file to the Cost Reporting System.



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## **APPENDIX G**

### **Cost Report Forms Printing Procedures**

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**STEP 1** – Click Print Form(s) once.

**DETAIL COST AND FINANCIAL REPORT (FY 2009 - 2010)**

Start Here

Are you a Medi-Cal Provider?

YES NO

Medi-Cal Non Medi-Cal

Done!

Other Options

Hide All Forms	Turn On/Off Heading	Import From Cost Report
Show MH Forms	Turn On/Off Grid	Import From Text
Clear MH Forms	DMH Only	Export to Text
Disclosures	MH1960 Support	

PrintForm(s)

**STEP 2 – Check forms and schedules below to print.**

Are you a Medi-Cal Provider?

YES NO

**Print Forms**

**Select Forms to Print**

<input type="checkbox"/> HOME	<input type="checkbox"/> MH1963	<input type="checkbox"/> MH1966_MODE60
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> MH1964	<input type="checkbox"/> MH1969_INST
<input type="checkbox"/> Non Medi-Cal	<input type="checkbox"/> MH1966_HOSPINPT	<input type="checkbox"/> MH1968
<input type="checkbox"/> MH1900_INFO	<input type="checkbox"/> MH1966_MODE5(OTHR)	<input type="checkbox"/> MH1969
<input type="checkbox"/> MH1901_Schedule_A	<input type="checkbox"/> MH1966_MODE10	<input type="checkbox"/> MH1979
<input type="checkbox"/> MH1901_Schedule_B	<input type="checkbox"/> MH1966_MODE15_(1)	<input type="checkbox"/> MH1991
<input type="checkbox"/> MH1901_Schedule_C	<input type="checkbox"/> MH1966_MODE15_(2)	<input type="checkbox"/> MH1992_INST
<input type="checkbox"/> MH1960	<input type="checkbox"/> MH1966_MODE55	<input type="checkbox"/> MH1992
<input type="checkbox"/> MH1961	<input type="checkbox"/> MH1966_MODE45	
<input type="checkbox"/> MH1962		

Select Relevant Forms

Number of Copies

Show MH Forms

Turn On/Off Grid

Import From Text

Clear MH Forms

DMH Only

Export to Text

Disclosures

MH1960 Support

PrintForm(s)

**STEP 3** – On the “Select Forms to Print” window below, click “Select Relevant Forms” button to print selected schedules and forms on completed cost report.

**Print Forms**

**Select Forms to Print**

<input type="checkbox"/> HOME	<input checked="" type="checkbox"/> MH1963	<input checked="" type="checkbox"/> MH1966_MODE60
<input type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> MH1964	<input type="checkbox"/> MH1969_INST
<input type="checkbox"/> Non Medi-Cal	<input checked="" type="checkbox"/> MH1966_HOSPINPT	<input checked="" type="checkbox"/> MH1968
<input checked="" type="checkbox"/> MH1900_INFO	<input type="checkbox"/> MH1966_MODE5(OTHR)	<input type="checkbox"/> MH1969
<input checked="" type="checkbox"/> MH1901_Schedule_A	<input checked="" type="checkbox"/> MH1966_MODE10	<input checked="" type="checkbox"/> MH1979
<input checked="" type="checkbox"/> MH1901_Schedule_B	<input checked="" type="checkbox"/> MH1966_MODE15_(1)	<input checked="" type="checkbox"/> MH1991
<input checked="" type="checkbox"/> MH1901_Schedule_C	<input checked="" type="checkbox"/> MH1966_MODE15_(2)	<input type="checkbox"/> MH1992_INST
<input checked="" type="checkbox"/> MH1960	<input checked="" type="checkbox"/> MH1966_MODE55	<input checked="" type="checkbox"/> MH1992
<input checked="" type="checkbox"/> MH1961	<input type="checkbox"/> MH1966_MODE45	
<input checked="" type="checkbox"/> MH1962		

**Select Relevant Forms**      Number of Copies: 1

**Select All**    **Deselect All**    **Print**    **Cancel**

**Show MH Forms**    **Turn On/Off Grid**    **Import From Text**

**Clear MH Forms**    **DMH Only**    **Export to Text**

**Disclosures**    **MH1960 Support**

**PrintForm(s)**

**STEP 4** – Click “Select All” to select all forms and schedules to print.

**STEP 5** – Click the number of copies list box to print more than one page.

**STEP 6** – Click “Deselect All” to clear selections on the Select Forms to Print Window.

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## **APPENDIX H**

### **Frequently Asked Questions**



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## **FREQUENTLY ASKED QUESTIONS**

- 1. Q: Where do I report Therapeutic Behavioral Services (TBS)**  
**A:** Therapeutic Behavioral Services should be reported on MH 1901 Schedule B as Settlement Type TBS, Mode 15, Service Function 58. On MH 1901 Schedule C, report amounts you paid TBS providers under the “Eligible Direct Costs” column E. These amounts automatically populate MH1966, Program 2.
- 2. Q: Are there definitions somewhere for the service functions?**  
**A:** The Client and Services Information (CSI) System Data Dictionary includes the definitions of mode of service and service functions. It is available on the ITWS. If you do not have approved access, you can request additional membership with the ITWS Administrator and ask for CSI access or contact the CSI unit directly via email at Tom.Wilson@dmh.ca.gov.
- 3. Q: What are some examples of categorical funding?**  
**A:** Categorical funds can only be spent for the purposes for which they were specifically appropriated. Examples of categorical funding are 4440-101-0001(1.5), Children’s Mental Health Services and 4440-104-0001, Mental Health Services to Special Education Pupils (AB 3632). The local mental health appropriation in the Governor’s Budget Act is structured to accommodate expenditure reporting under the California Fiscal Information System (CFIS). State General Fund dollars appropriated by the Governor’s Budget Act are categorized according to the CFIS subcategories. The Department controls expenditures to the various appropriation items categorized in accordance with CFIS.
- 4. Q: What units should be reflected on the cost report? Should it be taken from the claims?**  
**A:** Report total units of service provided to your client base. These units would include both Medi-Cal and non-Medi-Cal. Note also that these units come from different funding sources.
- 5. Q: Who audits the cost reports?**  
**A:** The State Department of Mental Health (SDMH) has a fiscal audit section with the responsibility to perform annual fiscal audit of the counties cost report.
- 6. Q: How should the county report grants such as the Homeless Grant?**  
**A:** Mental Health Services provided with Grant funding are to be reported in the cost report as along with all other mental health services. The only identification to the state will be as a funding source in MH 1992 (under appropriate grant line). This would be Line 5 for a PATH grant.
- 7. Q: Do Non-Medi-Cal providers have to submit a cost report?**  
**A:** Yes, counties are required to file a cost report for each of its non-Medi-Cal providers.

8. **Q: Do CalWorks funds come from both Alcohol and Drug and Mental Health Departments? Do counties have to report both substance abuse and mental health services on the Cost Report?**  
**A:** 1. The primary funding source for the CalWorks program is the Federal Temporary Assistance for Needy Families (TANF). The State Department of Social Services administers this fund. CalWorks may pertain to both Drug and Alcohol Programs and mental health activities.  
2. Counties are to report *ONLY* mental health services provided with CalWorks funds in the DMH Cost Reports along with other mental health services provided. The CalWorks units (non-Medi-Cal) should be identified as CAW settlement type on MH 1901 Schedule B. The "Eligible Direct Cost" column should be used to report CalWorks related costs on MH 1901 Schedule C. The CalWorks revenue should be reported on MH 1992, funding source Line 23.
9. **Q: What do I do if I do not see the "Enable Macro" screen when we pull up the program?**  
**A:** In Excel, click Tools; Options; General; check Macro virus protection; click ok. To enable this screen each time you open the files, check Always ask before opening workbooks with macros.
10. **Q: What do we send to our providers and how do they get access to the program?**  
**A:** Download the *files* from the DMH ITWS and either e-mail or save them on *diskette* and forward to your providers. Your *contract* providers are not allowed direct access to the DMH ITWS.
11. **Q: What if providers do not have the Excel program?**  
**A:** The state is only supporting the cost report spreadsheet in the EXCEL software at this time. It is the county's responsibility to work with each provider to ensure they have access to the EXCEL software.
12. **Q: When will the final version of the cost report be ready on the Web site?**  
**A:** The final versions of both the detail legal entity and county summary cost reports are posted on the DMH ITWS website annually following our fall trainings.
13. **Q: Is MH 1900, Section II for inpatient hospital only or outpatient as well?**  
**A:** Enter both inpatient and outpatient contract providers Medi-Cal Direct Service Gross Reimbursement here.
14. **Q: What are crossover units?**  
**A:** Crossover units are units of service for those clients covered by both Medi-Cal and Medicare.
15. **Q: Can you override the prompting?**  
**A:** No.

16. **Q: Why is EPSDT blocked out in the first three columns of MH 1992?**  
**A:** EPSDT is a children's, direct service, non-hospital inpatient cost for special Medi-Cal aid categories. The first two columns are not direct service cost centers and the third column is for hospital inpatient services.
17. **Q: Do managed care organizations and fee-for-service providers have to fill out a cost report?**  
**A:** 1. Organizational providers are required to complete a cost report.  
2. For individual and group fee-for-service providers, the county will report the actual payments made to these providers as costs to the county, under Program 2. To do this, report units of service as you would for other programs on MH 1901 Schedule B. Report costs on MH 1901 Schedule C on column E (Eligible Direct Costs). These costs automatically populate MH 1966, Program 2.
18. **Q: Do I submit signatures on the MH 1940 electronically?**  
**A:** No, signatures will be submitted in a hard copy separately before the cost reports are accepted as being filed.
19. **Q: When is the cost report considered late?**  
**A:** The cost report will be considered late if not received by January 2nd.
20. **Q: Can we only show the tabs at the bottom that we want the contractors to fill out?**  
**A:** What the counties want their contractors to see will be a decision made by the county.
21. **Q: Do you have to continuously save the document while inputting the information?**  
**A:** You do not have to save continuously. However, it is recommended.
22. **Q: Do I have to include the county under the listing of all legal entity names on the MH 1900 Summary Information Worksheet?**  
**A:** Yes, include all legal entities including the county legal entity on the MH 1900 Summary Information Worksheet.
23. **Q: Why are some of the cells on the worksheets hidden?**  
**A:** These cells are hidden because they are temporary storage areas when you are working on the cost report, and are not necessary for viewing purposes.
24. **Q: What is the appropriate method to report a county who is contracting with another county for services?**  
**A:** 1. The primary county funding the services reflects the county contract provider on MH 1960, Line 3 (Less: Payments to Contract Providers – County Only).  
2. The contracted county providing the services is required to complete a cost report.
25. **Q: When a county has contracted with another county to provide services, who claims the FFP and who reports the CSI?**  
**A:** 1. The primary county funding the services reports the CSI.  
2. The contracted county providing the services claims the FFP.

- 26. Q: Where in the Cost Report should expenditures related to the Cultural Competence Plan be reported?**
- A:** All Mental Health Plans (MHPs) should report all mental health expenditures including Cultural Competence in its cost report. MHPs may report Cultural Competence expenditures under general administrative costs in the cost report.
- 27. Q: Can the County use a blended rate if the county changes its billing rate mid year?**
- A:** Yes, the County can use a blended (weighted) rate during the mid-year. Please refer to the Local Program Financial Support Instruction Manual, **Page 20** regarding Published Charge.
- 28. Q: If a county provides a separate support schedule for the published charge, what amount is reflected on the MH 1901 Schedule A for the service function?**
- A:** Counties must provide the following information on the separate support schedule for the published charge: (1) each service function; (2) the time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service).
- Please refer to the Cost Program Financial Support Instruction Manual, **Page 20** regarding Published Charge.
- 29. Q: Please define the term “patch” and describe Medi-Cal with patch and Medi-Cal without patch.**
- A:**
1. Patch refers to the additional reimbursement rate per day for Special Treatment Program (STP) above the basic Nursing Facility – Level B basic rate in an Institution for Mental Disease (IMD).
  2. The Cost and Financial Reporting System Instruction manual FY 2003-2004, Appendix F-3 identifies the correct terms, (IMD Basic and IMD) which should be used instead of the expressions Medi-Cal with patch and Medi-Cal without patch.

## **APPENDIX I**

### **False Claims Act Desk Notes**

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## FALSE CLAIM

A “false claim” is a claim for payment for services or supplies that were not provided specifically as presented or for which the provider is otherwise not entitled to payment. Examples of false claims for services or supplies that were not provided specifically as presented include, but are not limited to:

- A claim for service or supply that was never provided.
- A claim indicating a higher level of service than was actually provided.

## CLAIMS-RELATED LIABILITY

### A. Civil Liability

#### 1. False Claims Act (31 U.S.C. & 3729)

- (a) Prohibits presenting a false claim, making a false statement to get paid
- (b) Level of intent required for liability: actual knowledge, reckless disregard of truth, deliberate ignorance of truth
- (c) Exposure: three times amount of damage plus \$5,000 - \$ 10,000 per claim

#### 2. Civil Monetary Penalties Act (42 U.S.C. & 1320a-7a)

- (a) Imposes penalties for filing or causing to be filed a false claim
- (b) Requires knowledge, reckless disregard, or deliberate ignorance
- (c) Penalty of up to \$10,000 per violation plus three times amount of false claim

#### 3. Qui Tam (Whistle Blower) Actions (31 U.S.C. & 3730)

- (a) Allows any person to bring False Claims Act case on behalf of the United States
- (b) Bars cases on information that has been publicly disclosed unless the person bringing action is original source of the information (direct and independent knowledge of information and voluntarily provided the information to government before filing the action)
- (c) Qui Tam plaintiff receives 15% - 25% of recovery if government proceeds with action, 25% - 30% if government does not proceed with action



**B. Criminal Liability**

1. Medicare and Medicaid fraud and abuse provisions (42 U.S.C. & 1320A-7B)
  - (a) Bars knowing and willful making of a false statement of material fact in a claim for payment to federal health care program
  - (b) Penalty: up to \$25,000 fine and five years imprisonment
2. False Claims (18 U.S.C. & 287)
  - (a) Makes criminal the submission of false claims to United States
  - (b) Penalty: up to 5 years imprisonment plus fine
3. False Statements (18 U.S.C. & 1001)
  - (a) Prohibits making knowing and willful false statements, concealing a material fact, and using a false writing
  - (b) Penalty: up to 5 years imprisonment plus fine
4. Mail Fraud and Wire Fraud (18 U.S.C. §§ 1341 and 1343)
5. Money Laundering (18 U.S.C. §§ 1956, 1957)
6. Conspiracy to Defraud the United States or to Submit False Claims (18 U.S.C §§ 286 and 371)

**C. Administrative Sanctions**

1. Exclusion from program participation (42 U.S.C. & 1320A-7)
2. Mandatory Exclusions
  - (a) Conviction of criminal offense relating to delivery of item or service under Medicare or a state health care program, neglect or abuse of patient, health care fraud or other financial misconduct, unlawful manufacture or distribution of controlled substance
  - (b) Five year minimum exclusion

### 3. Permissive exclusions

- (a) Fifteen different grounds
- (b) Examples include excessive charges, unnecessary services, submission of false claims, kickback violations, failure to disclosure ownership information, failure to grant immediate access to records

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## APPENDIX J

### **SD/MC Billing & Claiming Information Contact**

For SD/MC billing and claiming questions, contact IT. The contact person is Toquyen Collier at (916) 654-2709.

Her email address is: [Toquyen.Collier@dmh.ca.gov](mailto:Toquyen.Collier@dmh.ca.gov)

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## **APPENDIX K**

### **Cost and Financial Reporting System (CFRS) Acronyms**

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<b>Cost and Financial Reporting System (CFRS) Acronyms</b>
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<b>AB</b>	Assembly Bill
<b>ASO</b>	Administrative Services Organization
<b>ASOC</b>	Adults System of Care
<b>CCR</b>	California Code of Regulations
<b>CALWORKS</b>	California Work Opportunity and Responsibility to Kids
<b>CC</b>	County Code
<b>COE</b>	California Department of Education
<b>CFIS</b>	California Fiscal Information System
<b>CFRS</b>	Cost and Financial Reporting System
<b>CMHDA</b>	California Mental Health Directors Association
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CONREP</b>	Forensic Conditional Release Program
<b>COWCAP A-87</b>	Countywide Cost Allocation Plan (County overhead)
<b>CSI</b>	Client Services Information System
<b>CSOC</b>	Children's System of Care
<b>CSRV</b>	Community Services
<b>DHCS</b>	Department of Health Care Services
<b>DHS</b>	Department of Health Services (Now called DHCS)
<b>DMH</b>	Department of Mental Health
<b>EOB</b>	Explanation of Balance
<b>EPSDT</b>	Early and Periodic Screening, Diagnosis and Treatment
<b>FEMA</b>	Federal Emergency Management Administration
<b>FFP</b>	Federal Financial Participation
<b>FFS/MC</b>	Fee-for-Service Medi-Cal
<b>FFY</b>	Federal Fiscal Year (10/1 to 9/30)
<b>FI</b>	Fiscal Intermediary
<b>FTE</b>	Full Time Equivalent (Staff)
<b>FY</b>	Fiscal Year
<b>GC</b>	Government Code
<b>HCFA</b>	Health Care Financing Administration (Now called CMS)
<b>HF</b>	Healthy Families
<b>HFP</b>	Healthy Families Program
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>HMO</b>	Health Maintenance Organization
<b>IA</b>	Interagency Agreement
<b>IEP</b>	Individualized Education Plan
<b>IMD</b>	Institution for Mental Disease
<b>ISA</b>	Integrated Services Agency
<b>IT</b>	Information Technology
<b>ITWS</b>	Information Technology Web Service
<b>LCC</b>	Lower of Cost or Charges (Federal Reimbursement Policy)



<b>LOC</b>	Level of Care
<b>LE</b>	Legal Entity
<b>MAA</b>	Medi-Cal Administrative Activities
<b>MC</b>	Medi-Cal
<b>MCP</b>	Managed Care Plan
<b>MEDI-MEDI</b>	Medicare/Medi-Cal
<b>MHP</b>	Mental Health Plan
<b>MHS</b>	Mental Health Services
<b>MHSA</b>	Mental Health Services Act
<b>MOE</b>	Maintenance of Effort
<b>MOU</b>	Memorandum of Understanding
<b>NFP</b>	Nominal Fee Provider
<b>NIMH</b>	National Institute of Mental Health
<b>NR</b>	Negotiated Rate
<b>PATH</b>	Projects for Assistance in Transition from Homelessness
<b>PC</b>	Published Charge
<b>PHF</b>	Psychiatric Health Facility
<b>PRV/LE</b>	Provider/Legal Entity
<b>QA</b>	Quality Assurance
<b>RFA</b>	Request for Application
<b>RWJ</b>	Robert Wood Johnson (refers to grants issued by this foundation)
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration Block Grant (Federal)
<b>SB</b>	Senate Bill
<b>SD</b>	Short-Doyle
<b>SDA</b>	Short-Doyle Act
<b>SD/MC</b>	Short-Doyle/Medi-Cal
<b>SED</b>	Seriously Emotionally Disturbed
<b>SEP</b>	Special Education Pupils
<b>SF</b>	Service Function
<b>SFC</b>	Service Function Code
<b>SFY</b>	State Fiscal Year
<b>SGF</b>	State General Fund
<b>SMA</b>	Statewide Maximum Allowances
<b>SNF</b>	Skilled Nursing Facility
<b>SOC</b>	Systems of Care
<b>SPMP</b>	Skilled Professional Medical Personnel
<b>TBS</b>	Therapeutic Behavioral Services
<b>TCM</b>	Targeted Case Management
<b>UMDAP</b>	Uniform Method of Determining Ability to Pay
<b>UPID</b>	Upload Identification
<b>UR</b>	Utilization Review
<b>VLf</b>	Vehicle License Fees
<b>WIC</b>	Welfare and Institutions Code